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| Fill in this information to identify your case: |                                                                          |                                      |
|-------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the :        |                                                                          |                                      |
| NORTHERN District of ILLINOIS (State)           |                                                                          |                                      |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself                                                                                        |                            |                                               |
|----|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|    |                                                                                                                | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                                                                 |                            |                                               |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or | Tracey First name Sheree   | First name                                    |
|    | passport).                                                                                                     | Middle name Otis-Mosley    | Middle name                                   |
|    | Bring your picture identification to your meeting with the trustee.                                            | Last name                  | Last name                                     |
|    |                                                                                                                | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                                                                            | Tracey                     |                                               |
|    | have used in the last 8 years                                                                                  | First name Sheree          | First name                                    |
|    | Include your married or maiden names.                                                                          | Middle name Otis           | Middle name                                   |
|    |                                                                                                                | Last name                  | Last name                                     |
|    |                                                                                                                | First name                 | First name                                    |
|    |                                                                                                                | Middle name                | Middle name                                   |
|    |                                                                                                                | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social Security                                                                 | xxx - xx1132               | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer<br>Identification number                                              | OR                         | OR                                            |
|    |                                                                                                                | 9xx - xx                   | 9xx - xx                                      |

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|    |                                                              | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                   |
|----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names<br>and Employer<br>Identification Numbers | I have not used any business names or EINs.                                                                                                         | I have not used any business names or EINs.                                                                                                     |
|    | (EIN) you have used in the last 8 years                      | Business name                                                                                                                                       | Business name                                                                                                                                   |
|    | Include trade names and doing business as names              | Business name                                                                                                                                       | Business name                                                                                                                                   |
|    | domy sucmoss do names                                        | EIN                                                                                                                                                 | EIN                                                                                                                                             |
|    |                                                              | EIN                                                                                                                                                 | EIN                                                                                                                                             |
| 5. | Where you live                                               |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                       |
|    |                                                              | 9035 S. Ada St.  Number Street  Unit Hse                                                                                                            | Number Street                                                                                                                                   |
|    |                                                              | ChicagoIL60620CityStateZIP Code                                                                                                                     | City State ZIP Code                                                                                                                             |
|    |                                                              | COOK                                                                                                                                                | County                                                                                                                                          |
|    |                                                              | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
|    |                                                              | Number Street                                                                                                                                       | Number Street                                                                                                                                   |
|    |                                                              | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                        |
|    |                                                              | City State ZIP Code                                                                                                                                 | City State ZIP Code                                                                                                                             |
| 6. | Why you are choosing                                         | Check one:                                                                                                                                          | Check one:                                                                                                                                      |
|    | this district to file for bankruptcy.                        | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |
|    |                                                              | have another reason. Explain. (See 28 U.S.C. § 1408                                                                                                 | ☐ I have another reason. Explain.<br>(See 28 U.S.C. § 1408                                                                                      |
|    |                                                              |                                                                                                                                                     |                                                                                                                                                 |
|    |                                                              |                                                                                                                                                     |                                                                                                                                                 |
|    |                                                              |                                                                                                                                                     |                                                                                                                                                 |

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Tracey Sheree Debtor 1

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Case Number (if known)

|    | The chapter of the                                   |                                                                                                               | •                                                                           |                                                                                  | quired by 11 U.S.C. § 342(b) for Individuals                                                                                                                                                                                                           |  |  |
|----|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|    | Bankruptcy Code you<br>are choosing to file          | Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  ☐ Chapter 7 |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    | under                                                | ☐ Chapter 11 ☐ Chapter 12                                                                                     |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    |                                                      | Chap                                                                                                          | oter 13                                                                     |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
| 3. | How you will pay the fee                             | local<br>yours<br>subn                                                                                        | court for more details self, you may pay with                               | about how you may p<br>cash, cashier's check<br>n your behalf, your att          | Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is corney may pay with a credit card or check                                                                               |  |  |
|    |                                                      |                                                                                                               |                                                                             | -                                                                                | ose this option, sign and attach the                                                                                                                                                                                                                   |  |  |
|    |                                                      | Appli                                                                                                         | ication for Individuals                                                     | to Pay The Filing Fee                                                            | in Installments (Official Form 103A).                                                                                                                                                                                                                  |  |  |
|    |                                                      | By la<br>less<br>pay t                                                                                        | w, a judge may, but is<br>than 150% of the offic<br>the fee in installments | s not required to, waive<br>ial poverty line that ap<br>). If you choose this op | st this option only if you are filing for Chapter 7. e your fee, and may do so only if your income is oplies to your family size and you are unable to option, you must fill out the <i>Application to Have the</i> 3) and file it with your petition. |  |  |
|    | lave you filed for                                   | ■ No                                                                                                          |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    | bankruptcy within the                                | _                                                                                                             | None                                                                        |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    | last 8 years?                                        | ☐ Yes.                                                                                                        | District None                                                               | When                                                                             | Case Number  MM / DD / YYYY                                                                                                                                                                                                                            |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  | WINIT DE / TITT                                                                                                                                                                                                                                        |  |  |
|    |                                                      |                                                                                                               | District None                                                               | When                                                                             | Case Number                                                                                                                                                                                                                                            |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  | MM / DD / YYYY                                                                                                                                                                                                                                         |  |  |
|    |                                                      |                                                                                                               | District                                                                    | When                                                                             | Case Number                                                                                                                                                                                                                                            |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  | MM / DD / YYYY                                                                                                                                                                                                                                         |  |  |
| 0. | Are any bankruptcy                                   | ■ No                                                                                                          |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    | cases pending or being                               | п.,                                                                                                           |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
|    | filed by a spouse who is not filing this case with   | ☐ Yes.                                                                                                        | Debtor<br>District                                                          |                                                                                  | Relationship to you  Case Number, if known                                                                                                                                                                                                             |  |  |
|    | you, or by a business<br>parter, or by<br>affiliate? |                                                                                                               |                                                                             |                                                                                  | MM / DD / YYYY                                                                                                                                                                                                                                         |  |  |
|    | •••••                                                |                                                                                                               | Debtor                                                                      |                                                                                  | Relationship to you                                                                                                                                                                                                                                    |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  | Case Number, if known                                                                                                                                                                                                                                  |  |  |
|    |                                                      |                                                                                                               |                                                                             |                                                                                  | MM / DD / YYYY                                                                                                                                                                                                                                         |  |  |
|    | Do you rent your                                     | □ No.                                                                                                         | Go to line 12                                                               |                                                                                  |                                                                                                                                                                                                                                                        |  |  |
| 1. |                                                      |                                                                                                               |                                                                             |                                                                                  |                                                                                                                                                                                                                                                        |  |  |

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| of any full- or part-t<br>business? | Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a                                                         | ■ No.<br>□ Yes. | Go to Part 4.<br>Name and location of l          | business                                |                |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|-----------------------------------------|----------------|
|                                     | business you operate as an individual, and is not a separate legal entity such as                                                                 |                 | Name of business, if any                         |                                         |                |
|                                     | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition.          |                 | Number Street                                    |                                         |                |
|                                     | to and poulon.                                                                                                                                    |                 | City                                             |                                         | State Zip Code |
|                                     |                                                                                                                                                   |                 | Check the appropriate                            | box to describe your business:          |                |
|                                     |                                                                                                                                                   |                 | ☐ Health Care Bus                                | iness (as defined in 11 U.S.C. § 101(2  | 7A))           |
|                                     |                                                                                                                                                   |                 | ☐ Single Asset Rea                               | al Estate (as defined in 11 U.S.C. § 10 | (51B))         |
|                                     |                                                                                                                                                   |                 | ☐ Stockbroker (as                                | defined in 11 U.S.C. § 101(53A))        |                |
|                                     |                                                                                                                                                   |                 | ☐ Commodity Brok                                 | er (as defined in 11 U.S.C. § 101(6))   |                |
|                                     |                                                                                                                                                   |                 | ☐ None of the above                              | /e                                      |                |
|                                     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                                                              | _               | the Bankruptcy Code.                             | 11, but I am NOT a small business de    | -              |
| Par                                 | Report if You Own or Hav                                                                                                                          | e Any Hazard    | lous Property or Any Prop                        | perty That Needs Immediate Attention    |                |
|                                     |                                                                                                                                                   |                 |                                                  | •                                       |                |
| 14.                                 | Do you own or have any property that poses or is                                                                                                  | No.             |                                                  |                                         |                |
|                                     | alleged to pose a threat of imminent and                                                                                                          | Yes.            | What is the hazard?                              |                                         |                |
|                                     | indentifiable hazard to                                                                                                                           |                 |                                                  |                                         |                |
|                                     | public health or safety?                                                                                                                          |                 |                                                  |                                         |                |
|                                     | Or do you own any property that needs immediate attention?                                                                                        |                 | If immediate attention is                        | needed, why is it needed?               |                |
|                                     | Or do you own any property that needs                                                                                                             |                 | If immediate attention is                        | needed, why is it needed?               |                |
|                                     | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |                 | If immediate attention is Where is the property? |                                         |                |
|                                     | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |                 |                                                  |                                         |                |
|                                     | Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |                 |                                                  |                                         | State ZIP Code |

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Sheree Tracey Case Number (if known)

Part 5:

**Explain Your Efforts to** 

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | You must check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.                                                                                                                                                                                                                                                                                                                                                          | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.                                                                                                                                                                                                                                                                                                                                                        |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.                                                                                                                                                                                                                                                                                                                                                                                                                                | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.                                                                                                                                                                                                                                                                                                                                                       | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.                                                                                                                                                                                                                                                                                                                                                     |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.                                                                                                                                                                                                                                                                                                                                                                                                         | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.                                                                                                                                                                                                                                                                                                                                                                                                       |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                                                                                                                                                                                                                                                                   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                                                                                                                                                                                                                                                                 |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                                                                                                                                                                                                                                                        | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.                                                                                                                                                                                                                                                      |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you fil You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I am not required to receive a briefing about credit counseling because of:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                                                                                                                                                                                                                                                                                                                                                                      | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                                                                                                                                                                                                                                                                                                                                                                    |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                                                                                                                                                                                                                                                                                                                                                      | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                                                                                                                                                                                                                                                                                                                                                    |
| Active duty. I am currently on active military duty in a military combat zone.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Active duty. I am currently on active military duty in a military combat zone.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

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First Name Middle Name Last Name

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| Pa  | rt 6: Answer These Questions                                                                                                                                                                           | for Reporting Purposes                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. | What kind of debts do<br>you have?                                                                                                                                                                     | as "incurred by an individual  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily money for a business or invention of the line 16c.  Yes. Go to line 17.                                  | consumer debts? Consumer debts are deignification primarily for a personal, family, or household primarily for a personal family, or household primarily for a personal, family, or household primarily for a personal family, or household primarily for a personal family, or household primarily for a personal family for a personal family fam | s that you incurred to obtain                                                                                                                                         |
| 17. | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |                                                                                                                                                                                                                 | napter 7. Go to line 18. er 7. Do you estimate that after any exempt pes are paid that funds will be available to distrib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |
| 18. | How many creditors do you estimate that you owe?                                                                                                                                                       | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999                                                                                                                                                                     | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                                                                                                            |
| 19. | How much do you estimate your assets to be worth?                                                                                                                                                      | \$0-\$50,000  \$50,001-\$100,000  \$100,001-\$500,000  \$500,001-\$1 million                                                                                                                                    | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion                                                       |
| 20. | How much do you estimate your liabilities to be?                                                                                                                                                       | □ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million                                                                                                                               | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion                                                          |
| Pa  | rt 7: Sign Below                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |
| For | you                                                                                                                                                                                                    | correct.  If I have chosen to file under Chap of title 11, United States Code. I ur under Chapter 7.  If no attorney represents me and I this document, I have obtained and I request relief in accordance with | s-Mosley 🗶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e, under Chapter 7, 11,12, or 13 ter, and I choose to proceed  oot an attorney to help me fill out b).  ecified in this petition.  or property by fraud in connection |
|     |                                                                                                                                                                                                        | Executed on03/28/2016                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ted on                                                                                                                                                                |

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Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Merid Teklehaimanot Mekonnen    | Date        | Date:  | 03/30/2016        |       |
|---------------------------------------|-------------|--------|-------------------|-------|
| Signature of Attorney for Debtor      |             | MM / D | D / YYYY          |       |
| Merid Teklehaimanot Mekonnen          |             |        |                   |       |
| Printed name                          |             |        |                   |       |
| Geraci Law L.L.C.                     |             |        |                   |       |
| Firm name                             |             |        |                   |       |
| 55 E. Monroe St., #3400               |             |        |                   |       |
| Number Street                         |             |        |                   |       |
| · · · · · · · · · · · · · · · · · · · | IL          | 6060   | 3                 |       |
| Number Street                         | IL<br>State |        | 3<br>2 Code       |       |
| Number Street Chicago                 | State       | ZIF    |                   | w.com |
| Chicago                               | State       | ZIF    | <sup>o</sup> Code | w.com |

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| Fill in this information to identify your case: |            |                                          |                     |  |  |
|-------------------------------------------------|------------|------------------------------------------|---------------------|--|--|
| Debtor 1                                        | Tracey     | Sheree                                   | Otis-Mosley         |  |  |
|                                                 | First Name | Middle Name                              | Last Name           |  |  |
| Debtor 2                                        |            |                                          |                     |  |  |
| (Spouse, if filing)                             | First Name | Middle Name                              | Last Name           |  |  |
| United States<br>Case Number                    | , ,        | for the : <u>NORTHERN</u> District of _! | LLINOIS_<br>(State) |  |  |
| (If known)                                      |            |                                          | _                   |  |  |
|                                                 |            |                                          |                     |  |  |

#### Check if this is an amended filing

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets                                                                                                                                                                                              |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|                                                                                                                                                                                                                            | Your assets<br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                   | <u> </u>                             |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                               | \$ 21,629                            |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                                    | \$ 21,629                            |
|                                                                                                                                                                                                                            |                                      |
| Part 24 Summarize Your Liabilities                                                                                                                                                                                         |                                      |
|                                                                                                                                                                                                                            | Your liabilities<br>Amount you owe   |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$24,779                             |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                | \$1,300<br>\$77,276                  |
|                                                                                                                                                                                                                            |                                      |
| Summarize Your Liabilities                                                                                                                                                                                                 |                                      |
|                                                                                                                                                                                                                            |                                      |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                               | \$3,159.98                           |

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Document Otis-Mosley Tracey Sheree Case Number (if known) \_

First Name Last Name Middle Name

| <u>EntriesDescription</u>                                                                                                                                                                                                                | AssetsAmount LiabilitiesAmount             |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|--|--|
| Part 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                                                |                                            |  |  |  |  |  |  |
| 6. Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form                                                                                | n to the court with your other caledules   |  |  |  |  |  |  |
| Yes                                                                                                                                                                                                                                      | in to the court with your other schedules. |  |  |  |  |  |  |
| 7. What kind of debt do you have?                                                                                                                                                                                                        |                                            |  |  |  |  |  |  |
| Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |                                            |  |  |  |  |  |  |
| Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.                                                            |                                            |  |  |  |  |  |  |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                                        | e from Official \$ 3,179.98                |  |  |  |  |  |  |
|                                                                                                                                                                                                                                          |                                            |  |  |  |  |  |  |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:                                                                                                                                                  | Total claim                                |  |  |  |  |  |  |
| From Part 4 of Schedule E/F, copy the following:                                                                                                                                                                                         |                                            |  |  |  |  |  |  |
| 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                         | \$ <u>0.00</u>                             |  |  |  |  |  |  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                | \$ <u>1,300.00</u>                         |  |  |  |  |  |  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                      | \$ <u>0.00</u>                             |  |  |  |  |  |  |
| 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                       | \$_0.00                                    |  |  |  |  |  |  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                             | \$ <u>0.00</u>                             |  |  |  |  |  |  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                   | \$ <u>0.00</u>                             |  |  |  |  |  |  |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                               | \$_1,300.00                                |  |  |  |  |  |  |
|                                                                                                                                                                                                                                          |                                            |  |  |  |  |  |  |

| Fill in this in                                              | formation to identify yo                                                                                  |                                                                                        |                                                                                                                                                                                       | Entered 03/30/16<br>0 of 64                                                             | 14:05:04                                       | Desc          | Main          |              |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|---------------|---------------|--------------|
|                                                              | iormation to facility yo                                                                                  | ar case and this n                                                                     | illig.                                                                                                                                                                                | 0 01 04                                                                                 |                                                |               |               |              |
| Debtor 1                                                     | Tracey                                                                                                    | Sheree                                                                                 | Otis-Mosley                                                                                                                                                                           |                                                                                         |                                                |               |               |              |
| Debtor 2                                                     | First Name                                                                                                | Middle Name                                                                            | Last Name                                                                                                                                                                             |                                                                                         |                                                |               |               |              |
| (Spouse, if filing)                                          | First Name                                                                                                | Middle Name                                                                            | Last Name                                                                                                                                                                             |                                                                                         |                                                |               |               |              |
| United States                                                | Bankruptcy Court for the : _                                                                              | NORTHERN Dist                                                                          | trict of <u>ILLINOIS</u>                                                                                                                                                              |                                                                                         |                                                |               |               |              |
| Case Number                                                  |                                                                                                           |                                                                                        | (State)                                                                                                                                                                               |                                                                                         |                                                |               | Check if this | s is an      |
| (If known)                                                   |                                                                                                           |                                                                                        |                                                                                                                                                                                       |                                                                                         |                                                | 8             | amended fil   | ling         |
| Official Fo                                                  | orm 106A/B                                                                                                |                                                                                        |                                                                                                                                                                                       |                                                                                         |                                                |               |               |              |
| Schedul                                                      | e A/B: Propei                                                                                             | rty                                                                                    |                                                                                                                                                                                       |                                                                                         |                                                |               |               | 12/15        |
| ategory where<br>esponsible for<br>ages, write you<br>Part#: | you think it fits best. Bo<br>supplying correct infor<br>ur name and case numb<br>Describe Each Residence | e as complete and<br>mation. If more sp<br>per (if known). Ans<br>, Building, Land, or | an asset only once. If an asset a accurate as possible. If two moace is needed, attach a separatiswer every question.  Other Real Esate You Own or Hain any residence, building, land | arried people are filing togeth<br>te sheet to this form. On the t<br>ve an Interest In | er, both are equal                             | lly           |               | _            |
| No. Yes.                                                     | Describe                                                                                                  |                                                                                        | your entries fro Part 1, includir                                                                                                                                                     |                                                                                         |                                                |               |               |              |
| you have at                                                  | tached for Part 1. Write                                                                                  | that number here                                                                       | 9                                                                                                                                                                                     |                                                                                         | >                                              |               |               | \$0.00       |
| Part 2:                                                      | Describe Your Vehicles                                                                                    |                                                                                        |                                                                                                                                                                                       |                                                                                         |                                                |               |               |              |
| -                                                            | trucks, tractors, sport  Describe                                                                         |                                                                                        | also report it on Schedule G: Ex                                                                                                                                                      | ecutory Contracts and Unexpl                                                            | red Leases.                                    |               |               |              |
|                                                              | lake:<br>lodel:                                                                                           | Ford<br>Explorer                                                                       | Who has an interest in the Debtor 1 only                                                                                                                                              | property? Check one.                                                                    | Do not deduct so the amount of a Creditors Who | any secured o | laims on Sche | edule D:     |
| Y                                                            | ear:                                                                                                      | 2004                                                                                   | Debtor 2 only                                                                                                                                                                         |                                                                                         | Current value                                  |               | Current va    |              |
| А                                                            | pproximate Mileage:                                                                                       | 150,000                                                                                | Debtor 1 and Debtor 2 onl                                                                                                                                                             |                                                                                         | entire propert                                 |               | portion yo    |              |
|                                                              | other information:                                                                                        |                                                                                        | At least one of the debtors                                                                                                                                                           | s and another                                                                           | \$                                             | 1,579.00      | \$            | 1,579.00     |
|                                                              |                                                                                                           |                                                                                        | Check if this is communications instructions)                                                                                                                                         | unity property (see                                                                     |                                                |               |               |              |
| N                                                            | lake:                                                                                                     | Kia                                                                                    | Who has an interest in the                                                                                                                                                            | property? Check one.                                                                    | Do not deduct s                                | secured claim | e or evemntio | ine Put      |
| N                                                            | lodel:                                                                                                    | Optima                                                                                 | Debtor 1 only                                                                                                                                                                         |                                                                                         | the amount of a                                | any secured o | laims on Scho | edule D:     |
| Y                                                            | ear:                                                                                                      | 2011                                                                                   | Debtor 2 only                                                                                                                                                                         |                                                                                         | Current value                                  |               | Current va    |              |
|                                                              | pproximate Mileage:                                                                                       | 40,000                                                                                 | Debtor 1 and Debtor 2 onl                                                                                                                                                             |                                                                                         | entire propert                                 |               | portion yo    |              |
|                                                              | Other information:                                                                                        |                                                                                        | At least one of the debtors                                                                                                                                                           | s and another                                                                           | \$                                             | 12,725.00     | \$            | 12,725.00    |
|                                                              |                                                                                                           |                                                                                        | Check if this is commu                                                                                                                                                                | unity property (see                                                                     |                                                |               | -             |              |
| Examples: No. Yes.  Add the doll                             | Boats, trailers, motors, pers  Describe                                                                   | onal watercraft, fishir                                                                | recreational vehicles, other vehing vessels, snowmobiles, motorcycle  your entries fro Part 2, includir                                                                               | accessories                                                                             |                                                |               |               | \$ 14,304.00 |

Debtor 1

Case 16-10895 Tracey

First Name

Filed 03/30/16
Dis-Mosley
Document
Last Name Entered 03/30/16 14:05:04 Page 11 of 64 umber (if known) Desc Main Doc 1 **Describe Your Personal and Household Items** 

|     | rait 5.                            |                                                                   |                                                                                                                                              |                                                                                   |
|-----|------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Do  | you own oi                         | have any legal                                                    | or equitable interest in any of the following items?                                                                                         | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 06. |                                    | l goods and furn<br>Major appliances, f                           | ishings<br>urniture, linens, china, kitchenware                                                                                              |                                                                                   |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$ 0.00                                                                           |
| 07. |                                    | Televisions and rac                                               | lios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games |                                                                                   |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | s 0.00                                                                            |
| 08. |                                    | Antiques and figuri                                               | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles   | <u> </u>                                                                          |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$ 0.00                                                                           |
| 09. | Examples:                          | t for sports and I<br>Sports, photograph<br>;; carpentry tools; m | ic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes                                                     | <b>V</b>                                                                          |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$ 0.00                                                                           |
| 10. | No.                                |                                                                   | uns, ammunition, and related equipment                                                                                                       | <u>,</u>                                                                          |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$0.00                                                                            |
| 11. | Examples:                          | Everyday clothes, f                                               | urs, leather coats, designer wear, shoes, accessories                                                                                        |                                                                                   |
|     | Yes.                               | Describe                                                          | Everyday clothes, furs, leather coats, shoes, accessories \$200                                                                              | \$200.00                                                                          |
| 12. | Jewelry Examples: gold, silver No. |                                                                   | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,                                                           |                                                                                   |
|     | Yes.                               | Describe                                                          | Everyday jewelry and rings. \$100                                                                                                            | \$ <u>100.00</u>                                                                  |
| 13. | Non-farm a Examples:               | animals<br>Dogs, cats, birds, h                                   | orses                                                                                                                                        |                                                                                   |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$ 0.00                                                                           |
| 14. | Any other No.                      | personal and ho                                                   | usehold items you did not already list, including any health aids you did not list                                                           |                                                                                   |
|     | Yes.                               | Describe                                                          |                                                                                                                                              | \$ 0.00                                                                           |
| 15. |                                    |                                                                   | of your entries from Part 3, including any entries for pages you have attached er here                                                       | \$300.00                                                                          |
|     |                                    |                                                                   |                                                                                                                                              |                                                                                   |

Debtor 1

Tracey First Name

Case 16-10895

Doc 1

Filed 03/30/16
Otis-Mosley
Document
Last Name

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Desc Main

**Describe Your Financial Assets** 

| Do  | you own or       | have any legal     | l or equitable interest in any of                                                  | f the following?                                                                            | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|------------------|--------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 16. | Cash             |                    |                                                                                    |                                                                                             |                                                                                  |
|     |                  | Noney you have in  | n your wallet, in your home, in a safe                                             | e deposit box, and on hand when you file your petition                                      |                                                                                  |
|     | Yes.             | Describe           |                                                                                    |                                                                                             |                                                                                  |
| 4-  | D                |                    |                                                                                    |                                                                                             | \$ <u> </u>                                                                      |
| 17. |                  | Checking, savings  | s, or other financial accounts; certific<br>If you have multiple accounts with the | ates of deposit; shares in credit unions, brokerage houses, ne same institution, list each. |                                                                                  |
|     | Yes.             | Describe           | Account Type:                                                                      | Institution name:                                                                           |                                                                                  |
|     |                  | Dodding            | Checking Account                                                                   | Chicago Municipal Employees CU                                                              | <b>\$</b> 25.00                                                                  |
|     |                  |                    |                                                                                    |                                                                                             |                                                                                  |
| 18. |                  | -                  | oublicly traded stocks                                                             |                                                                                             | \$ <u>25.0</u> 0                                                                 |
|     | No.              | sona tunas, invesi | tment accounts with brokerage firms                                                | s, money market accounts                                                                    |                                                                                  |
|     | Yes.             | Describe           | Institution or issuer name:                                                        |                                                                                             | \$ <u> </u>                                                                      |
| 19. | Non-public       | y traded stock     | and interests in incorporated                                                      | and unincorporated businesses, including an interest in                                     |                                                                                  |
|     | Yes.             | Describe           | Name of Entity and Percent of                                                      | Ownership:                                                                                  |                                                                                  |
| ~~  | 0                |                    |                                                                                    |                                                                                             | \$ <u> </u>                                                                      |
| 20. |                  | =                  | <del>-</del>                                                                       | and non-negotiable instruments                                                              |                                                                                  |
|     | -                |                    | te personal checks, cashiers' checks<br>are those you cannot transfer to som       | s, promissory notes, and money orders. eone by signing or delivering them.                  |                                                                                  |
|     | Yes.             | Describe           | Issuer name:                                                                       |                                                                                             | \$ 0.00                                                                          |
| 21. | Retirement       | or pension acc     | counts                                                                             |                                                                                             | ·                                                                                |
|     |                  | =                  |                                                                                    | savings accounts, or other pension or profit-sharing plans                                  |                                                                                  |
|     | <b>=</b>         | Describe           | Tune of account and Institution                                                    | a name:                                                                                     |                                                                                  |
|     | Yes.             | Describe           | Type of account and Institution                                                    |                                                                                             | t Hokowa                                                                         |
|     |                  |                    | Pension plan                                                                       | City of Chicago                                                                             | \$Unknown                                                                        |
|     |                  |                    | 401(k) or similar plan                                                             | Nationwide Solutions                                                                        | \$\frac{7,000.00}{\$, 7,000.00}\$                                                |
| 22  | Security de      | posits and pre     | navments                                                                           |                                                                                             | \$ <u></u>                                                                       |
| 22. | -                |                    |                                                                                    | y continue service or use from a company                                                    |                                                                                  |
|     |                  | •                  | •                                                                                  | s (electric, gas, water), telecommunications                                                |                                                                                  |
|     | Yes.             | Describe           | Institution name or individual:                                                    |                                                                                             | \$ 0.00                                                                          |
| 23. |                  | A contract for a   | a periodic payment of money t                                                      | to you, either for life or for a number of years)                                           | ψ <u> </u>                                                                       |
|     | No. Yes.         | Describe           | Issuer name and description:                                                       |                                                                                             |                                                                                  |
| 24. | Interests in     | an education l     | IRA. in an account in a qualifie                                                   | ed ABLE program, or under a qualified state tuition program.                                | \$0.00                                                                           |
|     |                  |                    | (b), and 529(b)(1).                                                                | , , , , , , , , , , , , , , , , , , ,                                                       |                                                                                  |
|     | Yes.             | Describe           | Institution name and description                                                   | on. Separately file the records of any interests.11 U.S.C. § 521(c):                        |                                                                                  |
| 25. | Trusts, equ      | itable or future   | e interests in property (other th                                                  | nan anything listed in line 1), and rights or powers                                        | \$ <u>0.0</u> 0                                                                  |
|     | No.              | Dogoriba           |                                                                                    |                                                                                             |                                                                                  |
|     | Yes.             | Describe           |                                                                                    |                                                                                             | \$0.00                                                                           |
| 26. |                  |                    | marks, trade secrets, and other                                                    |                                                                                             |                                                                                  |
|     | Examples: In No. | nternet domain na  | ames, websites, proceeds from roya                                                 | lties and licensing agreements                                                              |                                                                                  |
|     | Yes.             | Describe           |                                                                                    |                                                                                             | \$ 0.00                                                                          |
|     |                  |                    |                                                                                    |                                                                                             | <u> </u>                                                                         |

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Desc Main

\$7,025.00

27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you Yes Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Describe..... 0.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No. Yes. Describe..... 0.00 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes. Describe..... 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ∐ No. Yes. Describe..... 1. Debtor has a pending suit against Faustino Torres relating to an automative accident. Case # 2015-L-6558 2. Debtor has a pending suit against Carman Loizon relating to an automatic accident. Case # 2015-L-7928. 1. Debtor suing Tri-State for neglience on behalf of Arnell Mumpfort Estate, Debtor's late grandmother. Debtor being represented by Levin & Perconti. Debtor and Debtor's mother are the sole beneficiary of 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights Yes. Describe..... 0.00 35. Any financial assets you did not already list Describe..... 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here ---

Debtor 1

Case 16-10895 Tracev

Doc 1

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Document Page 14 of 64 umber (if known)

Desc Main

First Name Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Describe..... 0.00 41. Inventory No. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations Yes. Describe..... 0.00 44. Any business-related property you did not already list No. Yes. Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Describe..... Yes. 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 Debtor 1 Tracey Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Main Page 15 of 64 unber (if known)

50. Farm and fishing supplies, chemicals, and feed

| 50. Farm and fishing supplies, chemicals, and feed  No.                                                                        |              |                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|
| Yes. Describe                                                                                                                  |              | \$ 0.00         |
| 51. Any farm- and commercial fishing-related property you did not already list                                                 |              | \$ <u>0.0</u> 0 |
| No.  Yes. Describe                                                                                                             |              |                 |
|                                                                                                                                |              | \$0.00          |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for page for Part 6. Write that number here | •            | \$0.00          |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Ab                                          | oove         |                 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership        |              |                 |
| No.  Yes. Describe                                                                                                             |              |                 |
| Tes. Describe                                                                                                                  |              | \$0.00          |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here                                            | >            | \$0.00          |
| Part 8: List the Totals of Each Part of this Form                                                                              |              |                 |
| 55. Part 1: Total real estate, line 2                                                                                          |              | \$ 0.00         |
| 56. Part 2: Total vehicles, line 5                                                                                             | \$ 14,304.00 |                 |
| 57. Part 3: Total personal and household items, line 15                                                                        | \$ 300.00    |                 |
| 58. Part 4: Total financial assets, line 36                                                                                    | \$ 7,025.00  |                 |
| 59. Part 5: Total business-related property, line 45                                                                           | \$ 0.00      |                 |
| 60. Part 6: Total farm- and fishing-related property, line 52                                                                  | \$ 0.00      |                 |
| 61. Part 7: Total other property not listed, line 54                                                                           | \$ 0.00      |                 |
| 62. <b>Total personal property.</b> Add lines 56 through 61                                                                    | \$ 21,629.00 | \$ 21,629.00    |
|                                                                                                                                |              |                 |
| 63. <b>Toal of all property on Schedule A/B.</b> Add line 55 + line 62                                                         |              | \$21,629.00     |
|                                                                                                                                |              |                 |

Official Form 106A/B Record # 705592 Schedule A/B: Property Page 6 of 6

| Fill in this in     | nformation to identi   | ify your case:                      |                            |
|---------------------|------------------------|-------------------------------------|----------------------------|
| Debtor 1            | Tracey                 | Sheree                              | Otis-Mosley                |
|                     | First Name             | Middle Name                         | Last Name                  |
| Debtor 2            |                        |                                     |                            |
| (Spouse, if filing) | First Name             | Middle Name                         | Last Name                  |
| United States       | Bankruptcy Court for t | the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u><br>(State) |
| Case Number         | r                      |                                     |                            |
| (If known)          |                        |                                     |                            |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  You are claiming federal exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  2. For any property you list on Schedule A/B that you claim as exempt, fill in the Information below.  Brief description of the property and line on Schedule A/B that lists this property  Current value of the protion you own  Copy tealer of Explorer with over description:  Line from Schedule A/B:  Brief Everyday clothes, furs, leather description:  Line from Schedule A/B:                                                                                            | Part 1: Identi     | fy the Property You Claim as Exemp                                                          | •                             |                                       |                                      |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|--------------------------------------|--|--|--|--|
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.   Brief description of the property and line on Schedule A/B that lists this property   Current value of the profiton you own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Which set of ex | emptions are you claiming? Chec                                                             | k one only, even if your spo  | ouse is filing with you.              |                                      |  |  |  |  |
| Brief description:    Brief   2004 Ford Explorer with over description:   150,000 miles   150,                                                                                            | You are clai       | ming state and federal nonbankrupt                                                          | tcy exemptions . 11 U.S.C.    | § 522(b)(3)                           |                                      |  |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2004 Ford Explorer with over description: 150,000 miles \$ 1,579 \$ \$ 2,400 \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 150 | You are clai       | ming federal exemptions. 11 U.S.C.                                                          | . § 522(b)(2)                 |                                       |                                      |  |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2004 Ford Explorer with over description: 150,000 miles \$ 1,579 \$ \$ 2,400 \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 100% of fair market value, up to any applicable statutory limit \$ 150,000 miles \$ 150 |                    |                                                                                             |                               |                                       |                                      |  |  |  |  |
| Schedule A/B that lists this property  Copy the value from Schedule A/B  Brief 2004 Ford Explorer with over description: 150,000 miles \$ 1,579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. For any propert | ty you list on Schedule A/B that yo                                                         | ou claim as exempt, fill in t | the information below.                |                                      |  |  |  |  |
| Schedule A/B  Brief 2004 Ford Explorer with over description: 150,000 miles \$ 1,579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                             |                               | Amount of the exemption you claim     | Specific laws that allow exemption   |  |  |  |  |
| description: 150,000 miles \$ 1,579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                             |                               | Check only one box for each exemption |                                      |  |  |  |  |
| Schedule A/B: 03  Brief Everyday clothes, furs, leather coats, shoes, accessories \$ 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | •                                                                                           | \$ <u>1,579</u>               | \$_2,400                              | 735 ILCS 5/12-1001(c) - \$2,400.00   |  |  |  |  |
| description: Coats, shoes, accessories \$ 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 03                                                                                          |                               |                                       |                                      |  |  |  |  |
| Schedule A/B: 11 any applicable statutory limit    Brief Everyday jewelry and rings.    Line from Schedule A/B: 12    Brief Checking Account, Chicago description:    Line from Schedule A/B: 17    Line from Schedule A/B: 17    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Line from Schedule A/B: 17    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Checking Account, Chicago municipal Employees CU, 25.00 \$ 25    Brief Chicago municipal Employees CU, 25                                                                   |                    |                                                                                             | \$_200                        | <b></b> \$                            | 735 ILCS 5/12-1001(a),(e) - \$200.00 |  |  |  |  |
| description:  Line from Schedule A/B: 12  Brief Checking Account, Chicago description: Municipal Employees CU, 25.00  Line from Schedule A/B: 17  Checking Account, Chicago any applicable statutory limit  735 ILCS 5/12-1001(b) - \$300.00  100% of fair market value, up to any applicable statutory limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 11                                                                                          |                               |                                       |                                      |  |  |  |  |
| Schedule A/B: 12 any applicable statutory limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | Everyday jewelry and rings.                                                                 | \$ <u>100</u>                 | <b></b> \$                            | 735 ILCS 5/12-1001(a),(e) - \$100.00 |  |  |  |  |
| description: Municipal Employees CU, 25.00 \$ 25 \$ 300  Line from Schedule A/B: 17 any applicable statutory limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | 12                                                                                          |                               |                                       |                                      |  |  |  |  |
| Schedule A/B: 17 any applicable statutory limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                             | \$ <u>25</u>                  | <b>\$</b> 300                         | 735 ILCS 5/12-1001(b) - \$300.00     |  |  |  |  |
| Official Form 106C Record # 705592 Schedule C: The Property You Claim as Exempt Page 1 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <u>17</u>                                                                                   |                               | _                                     |                                      |  |  |  |  |
| Official Form 106C Record # 705592 Schedule C: The Property You Claim as Exempt Page 1 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                             |                               |                                       |                                      |  |  |  |  |
| Table to the second sec                                                                                            | Official Form 1060 | Official Form 106C Record # 705592 Schedule C: The Property You Claim as Exempt Page 1 of 2 |                               |                                       |                                      |  |  |  |  |

Debtor 1 Tracey Sheree Document Page 17 of 64 Case Number (if known)

Last Name

Middle Name

| art 2# Additi                                                                       | ional Page                                                                                           |                                      |                                                                 |                                         |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property |                                                                                                      | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption      |
|                                                                                     |                                                                                                      | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                         |
| Brief description:                                                                  | 401(k) or similar plan, Nationwide<br>Solutions, 7,000.00                                            | \$_7,000                             | \$                                                              | 735 ILCS 5/12-1006 - \$7,000.00         |
| Line from Schedule A/B:                                                             | 21                                                                                                   |                                      | 100% of fair market value, up to any applicable statutory limit |                                         |
| Brief description:                                                                  | Pension plan, City of Chicago,<br>0.00                                                               | \$Unknown                            | \$                                                              | 735 ILCS 5/12-1006 - \$0.00             |
| Line from Schedule A/B:                                                             | 21                                                                                                   |                                      | 100% of fair market value, up to any applicable statutory limit |                                         |
| Brief<br>description:                                                               | Debtor suing Tri-State for     neglience on behalf of Arnell     Mumpfort Estate, Debtor's late      | \$Unknown                            | \$_100,000                                                      | 735 ILCS 5/12 1001(h)(2) - \$100,000.00 |
| Line from Schedule A/B:                                                             | grandmother. Debtor being 33                                                                         |                                      | 100% of fair market value, up to any applicable statutory limit |                                         |
| Brief description:                                                                  | Debtor has a pending suit     against Faustino Torres relating to     an automative accident. Case # | \$Unknown                            | \$_15,000                                                       | 735 ILCS 5/12-1001(h)(4) - \$15,000.00  |
| Line from Schedule A/B:                                                             | 2015-L-6558.<br>33                                                                                   |                                      | 100% of fair market value, up to any applicable statutory limit |                                         |
| <br>∐ No<br>□ Yes.                                                                  |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
|                                                                                     |                                                                                                      |                                      |                                                                 |                                         |
| <br>fficial Form 106C                                                               | Record # 705592                                                                                      |                                      | property You Claim as Evennt                                    | Page 2 of 2                             |

| Fill in this ir          | Caso 16 1/                                     |                         | 1 Filed 03/30/16                            | Entered 03/30/3<br>8 of 64    | 16 14:05:04                        | Desc Main                                 |                   |
|--------------------------|------------------------------------------------|-------------------------|---------------------------------------------|-------------------------------|------------------------------------|-------------------------------------------|-------------------|
|                          | _                                              | 01                      | 014                                         | 0 01 0 1                      |                                    |                                           |                   |
| Debtor 1                 | Tracey                                         | Sheree                  | Otis-Mosley                                 |                               |                                    |                                           |                   |
| Debtor 2                 | First Name                                     | Middle Name             | Last Name                                   |                               |                                    |                                           |                   |
| (Spouse, if filing)      | First Name                                     | Middle Name             | Last Name                                   |                               |                                    |                                           |                   |
| United States            | s Bankruptcy Court for the                     | · NORTHERN Di           | strict of JLLINOIS                          |                               |                                    |                                           |                   |
| Officed States           | s Barikrupicy Court for the                    | NORTHERN DI             | (State)                                     |                               |                                    | Check if this                             | e ie an           |
| Case Numbe<br>(If known) | r                                              |                         |                                             |                               |                                    | amended fi                                |                   |
| Official E               | orm 106D                                       |                         |                                             |                               |                                    | a                                         | 9                 |
|                          | <u>.</u>                                       | Who Hove (              | Claims Secured by F                         | Proporty                      |                                    |                                           | 12/1              |
| Be as complete           | e and accurate as pos                          | sible. If two married   | d people are filing together, both          | n are equally responsible for |                                    |                                           |                   |
|                          | more space is needed<br>es, write your name an |                         | al Page, fill it out, number the er known). | ntries, and attach it to this | form. On the top of a              | ny                                        |                   |
| 1. Do any cre            | editors have claims se                         | cured by your prop      | erty?                                       |                               |                                    |                                           |                   |
| ☐ No. Ch                 | heck this box and subm                         | nit this form to the co | ourt with your other schedules. Yo          | ou have nothing else to repo  | ort on this form.                  |                                           |                   |
|                          | ill in all of the information                  |                         |                                             |                               |                                    |                                           |                   |
|                          |                                                |                         |                                             |                               |                                    |                                           |                   |
| Part 1:                  | List All Secured Claims                        | ;                       |                                             |                               |                                    |                                           |                   |
| 2. List all se           | ocured claims. If a cred                       | litor has more than     | one secured claim, list the credito         | r senarately                  | Column A                           | Column A                                  | Column C          |
|                          |                                                |                         | cular claim, list the other creditors       | •                             | Amount of claim  Do not deduct the | Value of collateral<br>that supports this | Unsecured portion |
| As much a                | as possible, list the clai                     | ms in alphabetical o    | order according to the creditors na         | ime.                          | value of collateral                | claim                                     | If any            |
| 2.1 GM Fir               | nancial                                        |                         | Describe the property that secure           | es the claim:                 | <b>\$</b> 22,279.00                | <b>\$</b> 12,725.00                       | <b>\$</b> _0.00   |
| Creditor's               |                                                |                         | 2011 Kia Optima with over 40,00             | <br>00 miles                  |                                    |                                           |                   |
| Po Box                   | 181145                                         |                         |                                             |                               |                                    |                                           |                   |
| Number                   | Street                                         |                         |                                             |                               |                                    |                                           |                   |
|                          |                                                |                         | As of the date you file, the claim          | is: Check all that apply.     |                                    |                                           |                   |
| Arlingto                 | on T                                           | X 76096                 | Contingent Unliquidated                     |                               |                                    |                                           |                   |
| City                     | S                                              | tate Zip Code           | Disputed                                    |                               |                                    |                                           |                   |
| Who owes                 | s the debt? Check one.                         |                         | Nature of Lien. Check all that apply        | у.                            |                                    |                                           |                   |
| Debtor                   | 1 only                                         |                         | An agreement you made (such as              | s mortgage or secured         |                                    |                                           |                   |
| Debtor                   | 2 only                                         |                         | car loan)                                   |                               |                                    |                                           |                   |
| =                        | 1 and Debtor 2 only                            |                         | Statutory lien (such as tax lien, m         | echanic's lien)               |                                    |                                           |                   |
| At leas                  | t one of the debtors and a                     | nother                  | Judgment lien from a lawsuit                |                               |                                    |                                           |                   |
| Check                    | if this claim relates to a                     | a                       | Other (including a right to offset)         |                               |                                    |                                           |                   |
|                          | unity debt                                     | 1-07-06                 | Last 4 digits of account number             | 6798                          |                                    |                                           |                   |
| 2.0                      | was incurred                                   |                         | Describe the property that secure           |                               | <b>\$</b> 2,500.00                 | <b>\$</b> 1,579.00                        | <b>\$</b> 921.00  |
|                          | Title Loans                                    |                         |                                             |                               | <u> </u>                           | <b>4</b> _1,010.00                        | \$ <u>021.00</u>  |
| Creditor's<br>208 S L    | LaSalle St Suite 814                           |                         | 2004 Ford Explorer with over 15             | 0,000 miles                   |                                    |                                           |                   |
| Number                   | Street                                         |                         |                                             |                               |                                    |                                           |                   |
|                          |                                                |                         | As of the date you file, the claim          | is: Check all that apply.     | _                                  |                                           |                   |
| Chicag                   | . "                                            | 60604                   | Contingent                                  |                               |                                    |                                           |                   |
| Chicag                   |                                                | <br>tate Zip Code       | Unliquidated                                |                               |                                    |                                           |                   |
| •                        |                                                | Lip 0000                | Disputed                                    |                               |                                    |                                           |                   |
| _                        | s the debt? Check one.                         |                         | Nature of Lien. Check all that apply        |                               |                                    |                                           |                   |
| Debtor<br>Debtor         | -                                              |                         | An agreement you made (such as car loan)    | s mortgage or secured         |                                    |                                           |                   |
| =                        | 1 and Debtor 2 only                            |                         | Statutory lien (such as tax lien, m         | nechanic's lien)              |                                    |                                           |                   |
| =                        | t one of the debtors and a                     | nother                  | Judgment lien from a lawsuit                | <b>,</b>                      |                                    |                                           |                   |
|                          |                                                |                         | Other (including a right to offset)         |                               |                                    |                                           |                   |
|                          | t if this claim relates to a<br>nunity debt    | a                       |                                             |                               |                                    |                                           |                   |
|                          | t was incurred201                              | 1                       | Last 4 digits of account number             |                               |                                    |                                           |                   |
| Add the                  | dollar value of your en                        | tries in Column A o     | on this page. Write that number             | here:                         | \$_24,779.00                       |                                           |                   |

|                                                                             | Caso 16 10905                                                     | Doc 1                                                                  | Eilad 02/20/16                                                                                                 | Entered 03/30/16 1                                                                                                                                                                    | 4:05:04                           | Desc Main                  |                    |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|--------------------|
| Fill in this in                                                             | formation to identify your cas                                    | e:                                                                     |                                                                                                                | 9 of 64                                                                                                                                                                               |                                   |                            |                    |
| Debtor 1                                                                    | Tracey                                                            | Sheree                                                                 | Otis-Mosley                                                                                                    |                                                                                                                                                                                       |                                   |                            |                    |
|                                                                             | First Name M                                                      | Aiddle Name                                                            | Last Name                                                                                                      |                                                                                                                                                                                       |                                   |                            |                    |
| Debtor 2                                                                    |                                                                   |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            |                    |
| (Spouse, if filing)                                                         | First Name N                                                      | Aiddle Name                                                            | Last Name                                                                                                      |                                                                                                                                                                                       |                                   |                            |                    |
| United States                                                               | Bankruptcy Court for the : <u>NOR</u>                             | THERN District                                                         | of <u>ILLINOIS</u><br>(State)                                                                                  |                                                                                                                                                                                       |                                   | <b>П</b> а                 |                    |
| Case Number                                                                 | ·                                                                 |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   | Check if amende            | this is an         |
|                                                                             | orm 106E/E                                                        |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   | amende                     | , illing           |
|                                                                             | orm 106E/F                                                        |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            | 10/15              |
|                                                                             | E/F: Creditors Wh                                                 |                                                                        |                                                                                                                | s and Part 2 for creditors with NO                                                                                                                                                    | NDDIODITY -I-                     |                            | 12/15              |
| A/B: Property ((creditors with preeded, copy thop of any additional part 1: | Official Form 106A/B) and on a<br>partially secured claims that a | Schedule G: Ex<br>re listed in Sch<br>mber the entrie<br>and case numl | recutory Contracts and Une<br>edule D: Creditors Who Have<br>is in the boxes on the left. A<br>ber (if known). | a claim. Also list executory contri<br>expired Leases (Official Form 106<br>eve Claims Secured by Property. If<br>attach the Continuation Page to the                                 | G). Do not inclu<br>more space is | ide any                    |                    |
| _ `                                                                         | to Part 2.                                                        | i ciaiiis agaiis                                                       | it you!                                                                                                        |                                                                                                                                                                                       |                                   |                            |                    |
| Yes.                                                                        | ito Fait 2.                                                       |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            |                    |
| each claim<br>nonpriority<br>unsecured                                      | listed, identify what type of clai amounts. As much as possible   | m it is. If a clain<br>, list the claims<br>Page of Part 1.            | n has both priority and nonpri<br>in alphabetical order accordi<br>If more than one creditor ho                | ecured claim, list the creditor sepa<br>iority amounts, list that claim here a<br>ng to the creditor's name. If you ha<br>olds a particular claim, list the other<br>uction booklet.) | and show both pove more than two  | oriority and<br>o priority |                    |
|                                                                             |                                                                   |                                                                        |                                                                                                                |                                                                                                                                                                                       | Total claim                       | Priority<br>amount         | Nonpriority amount |
| 2.1 IRS Pric                                                                | ority Debt                                                        | Las                                                                    | t 4 digits of account number                                                                                   |                                                                                                                                                                                       | \$_1,300.00                       | \$ 1,300.00                | \$ <u>0.00</u>     |
| Creditor's PO Box                                                           |                                                                   | Wh                                                                     | en was the debt incurred?                                                                                      | 2015                                                                                                                                                                                  |                                   |                            |                    |
| Number                                                                      | Street                                                            |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            |                    |
|                                                                             |                                                                   | As                                                                     | of the date you file, the claim                                                                                | is: Check all that apply.                                                                                                                                                             |                                   |                            |                    |
| Philadel                                                                    | lphia PA 1910                                                     | )1 =                                                                   | Contingent<br>Unliquidated                                                                                     |                                                                                                                                                                                       |                                   |                            |                    |
| City<br>Who owes                                                            | State Zip C                                                       | ode 🗀                                                                  | Disputed                                                                                                       |                                                                                                                                                                                       |                                   |                            |                    |
| Debtor                                                                      |                                                                   | _                                                                      |                                                                                                                |                                                                                                                                                                                       |                                   |                            |                    |
| Debtor                                                                      | •                                                                 |                                                                        | e of PRIORITY unsecured cla                                                                                    | im:                                                                                                                                                                                   |                                   |                            |                    |
| =                                                                           | 1 and Debtor 2 only one of the debtors and another                | _                                                                      | Domestic support obligations  Taxes and certain other debts you                                                | ou owe the government                                                                                                                                                                 |                                   |                            |                    |
| =                                                                           | if this claim relates to a                                        | _                                                                      | ,                                                                                                              |                                                                                                                                                                                       |                                   |                            |                    |
|                                                                             | unity debt<br>n subject to offest?                                | _                                                                      | Claims for death or personal inju                                                                              | ry while you were                                                                                                                                                                     |                                   |                            |                    |
| No                                                                          | ii subject to onest:                                              | П                                                                      | intoxicated Other. Specify                                                                                     |                                                                                                                                                                                       |                                   |                            |                    |
| Yes                                                                         |                                                                   |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            |                    |
| Part 2:                                                                     | List All of Your NONPRIORITY U                                    | nsecured Claim                                                         | s                                                                                                              |                                                                                                                                                                                       |                                   |                            |                    |
| 3. Do any cre                                                               | ditors have nonpriority unsec                                     | ured claims ag                                                         | ainst you?                                                                                                     |                                                                                                                                                                                       |                                   |                            |                    |
| No. Yo                                                                      | u have nothing to report in this                                  | part. Submit th                                                        | is form to the court with your                                                                                 | other schedules.                                                                                                                                                                      |                                   |                            |                    |
| Yes.                                                                        |                                                                   | dana da dha at a                                                       | abatical and a CO                                                                                              | annaha halda asab abata 16                                                                                                                                                            | :tan baa                          |                            |                    |
| nonpriority included in                                                     | unsecured claim, list the credite                                 | or separately for holds a partic                                       | r each claim. For each claim                                                                                   | or who holds each claim. If a cred<br>listed, identify what type of claim it<br>itors in Part 3.If you have more tha                                                                  | is. Do not list cl                | aims already               |                    |
|                                                                             | -                                                                 |                                                                        |                                                                                                                |                                                                                                                                                                                       |                                   |                            | Total alaim        |

Official Form 106E/F

| Debtor ' | 1 Tracey Sheree                                    | Document Page 20 of 64                                                                                        |                     |
|----------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------|
|          | First Name Middle Name                             | Last Name                                                                                                     |                     |
| 4.1      | Americash                                          | Last 4 digits of account number                                                                               | <u>\$ 2,659.00</u>  |
|          | Creditor's Name                                    | When was the debt incurred?                                                                                   |                     |
|          | 3080 Bristol St # 300                              | when was the debt incurred?                                                                                   |                     |
|          | Number Street                                      |                                                                                                               |                     |
|          |                                                    | As of the date you file, the claim is: Check all that apply.                                                  |                     |
|          | Coata Mass                                         | Contingent                                                                                                    |                     |
|          | Costa Mesa CA 92626                                | Unliquidated                                                                                                  |                     |
| V        | City State Zip Code  Who owes the debt? Check one. | Disputed                                                                                                      |                     |
| r        | Debtor 1 only                                      | _                                                                                                             |                     |
| Ì        | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                                                          |                     |
| li       | Debtor 1 and Debtor 2 only                         | Student loans                                                                                                 |                     |
| l i      | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                                                  |                     |
| 1        | Check if this claim relates to a                   | that you did not report as priority claims                                                                    |                     |
| "        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts                                             |                     |
| <u> </u> | s the claim subject to offest?                     |                                                                                                               |                     |
|          | No                                                 | Other. Specify PayDay Loan                                                                                    |                     |
|          | Yes                                                |                                                                                                               |                     |
| 4.2      | Americredit Fin                                    | Last 4 digits of account number <u>0884</u>                                                                   | <u>\$ 27,294.00</u> |
|          | Creditor's Name                                    |                                                                                                               |                     |
|          | 801 Adlai Stevenson Dr.                            | When was the debt incurred?                                                                                   |                     |
|          | Number Street                                      |                                                                                                               |                     |
|          |                                                    | As of the date you file, the claim is: Check all that apply.                                                  |                     |
|          |                                                    | Contingent                                                                                                    |                     |
|          | Springfield IL 62703                               | Unliquidated                                                                                                  |                     |
| v        | City State Zip Code  Who owes the debt? Check one. | Disputed                                                                                                      |                     |
| l r      | Debtor 1 only                                      | _                                                                                                             |                     |
| l i      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                                                          |                     |
| 1        | Debtor 1 and Debtor 2 only                         | Student loans                                                                                                 |                     |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                                                  |                     |
|          | =                                                  | that you did not report as priority claims                                                                    |                     |
| "        | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts                                             |                     |
| l:       | s the claim subject to offest?                     |                                                                                                               |                     |
|          | No                                                 | Other. Specify Deficiency, Repo'd/Surr'd Auto                                                                 |                     |
|          | Yes                                                |                                                                                                               |                     |
| 4.3      | AT T                                               | Last 4 digits of account number8218                                                                           | <u>\$ 975.00</u>    |
|          | Creditor's Name                                    | 2014 2014                                                                                                     |                     |
|          | 8014 Bayberry Rd                                   | When was the debt incurred? 2014-2014                                                                         |                     |
|          | Number Street                                      |                                                                                                               |                     |
|          |                                                    | As of the date you file, the claim is: Check all that apply.                                                  |                     |
|          |                                                    | Contingent                                                                                                    |                     |
|          | Jacksonville FL 32256                              | Unliquidated                                                                                                  |                     |
|          | City State Zip Code  Who owes the debt? Check one. | Disputed                                                                                                      |                     |
| ľ        | Debtor 1 only                                      |                                                                                                               |                     |
|          | <b>=</b>                                           | Turns of MONDRIODITY are assured alaims                                                                       |                     |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim: Student loans                                                            |                     |
|          | Debtor 1 and Debtor 2 only                         |                                                                                                               |                     |
|          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce                                                  |                     |
|          | Check if this claim relates to a community debt    | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                     |
| l le     | s the claim subject to offest?                     | Debits to pension or prone-straining prairs, and other similar debits                                         |                     |
| ĺ        | No                                                 | Other. Specify Collecting for Creditor                                                                        |                     |
|          | Yes                                                | Outer, opening                                                                                                |                     |

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|     | Creditor's Name                          | 0044 0040                                                             |                    |
|-----|------------------------------------------|-----------------------------------------------------------------------|--------------------|
|     | 1359 W Washington Blvd                   | When was the debt incurred? 2011-2016                                 |                    |
|     | Number Street                            |                                                                       |                    |
|     |                                          | As a fitting distances fills, the scholar land Object will be to a fi |                    |
|     |                                          | As of the date you file, the claim is: Check all that apply.          |                    |
|     | Chicago II 00007                         | Contingent                                                            |                    |
|     | Chicago IL 60607                         | Unliquidated                                                          |                    |
|     | City State Zip Code                      | Disputed                                                              |                    |
|     | Who owes the debt? Check one.            | □                                                                     |                    |
|     | Debtor 1 only                            |                                                                       |                    |
|     | Debtor 2 only                            | Type of NONPRIORITY unsecured claim:                                  |                    |
|     | Debtor 1 and Debtor 2 only               | Student loans                                                         |                    |
|     | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce          |                    |
|     |                                          | that you did not report as priority claims                            |                    |
|     | Check if this claim relates to a         |                                                                       |                    |
|     | community debt                           | Debts to pension or profit-sharing plans, and other similar debts     |                    |
|     | Is the claim subject to offest?          |                                                                       |                    |
|     | No                                       | Other. Specify Unknown Credit Extension                               |                    |
|     | Yes                                      |                                                                       |                    |
| 4.5 | Chicago Patrolmen's Federal Credit Union | Last 4 digits of account number                                       | <b>\$</b> 3,819.90 |
|     | Creditor's Name                          |                                                                       |                    |
|     | 1407 W Washington Blvd,                  | When was the debt incurred?                                           |                    |
|     | Number Street                            |                                                                       |                    |
|     |                                          |                                                                       |                    |
|     |                                          | As of the date you file, the claim is: Check all that apply.          |                    |
|     |                                          | Contingent                                                            |                    |
|     | Chicago IL 60607                         | Unliquidated                                                          |                    |
|     | City State Zip Code                      | ☐ Disputed                                                            |                    |
|     | Who owes the debt? Check one.            | Disputed                                                              |                    |
|     | Debtor 1 only                            |                                                                       |                    |
|     | Debtor 2 only                            | Type of NONPRIORITY unsecured claim:                                  |                    |
|     | Debtor 1 and Debtor 2 only               | Student loans                                                         |                    |
|     | =                                        | Obligations arising out of a separation agreement or divorce          |                    |
|     | At least one of the debtors and another  |                                                                       |                    |
|     | Check if this claim relates to a         | that you did not report as priority claims                            |                    |
|     | community debt                           | Debts to pension or profit-sharing plans, and other similar debts     |                    |
|     | ls the claim subject to offest?          |                                                                       |                    |
|     | No                                       | Other. Specify Credit Extended to Debtor(S)                           |                    |
|     | Yes                                      |                                                                       |                    |
| 4.6 | City of Chicago Bureau Parking           | Last 4 digits of account number                                       | \$ <u>200.00</u>   |
|     | Creditor's Name                          | <del></del>                                                           |                    |
|     | PO Box 88292                             | When was the debt incurred?                                           |                    |
|     | Number Street                            |                                                                       |                    |
|     | Number Street                            |                                                                       |                    |
|     |                                          | As of the date you file, the claim is: Check all that apply.          |                    |
|     |                                          | Contingent                                                            |                    |
|     | Chicago IL 60680                         | Unliquidated                                                          |                    |
|     | City State Zip Code                      |                                                                       |                    |
|     | Who owes the debt? Check one.            | Disputed                                                              |                    |
|     | Debtor 1 only                            |                                                                       |                    |
|     | Debtor 2 only                            | Type of NONPRIORITY unsecured claim:                                  |                    |
|     | Debtor 1 and Debtor 2 only               | Student loans                                                         |                    |
|     | =                                        |                                                                       |                    |
|     | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce          |                    |
|     | Check if this claim relates to a         | that you did not report as priority claims                            |                    |
|     | community debt                           | Debts to pension or profit-sharing plans, and other similar debts     |                    |
|     | ls the claim subject to offest?          |                                                                       |                    |
|     | No                                       | Other. Specify Debt Owed                                              |                    |
|     | $\square_{\cup}$                         |                                                                       |                    |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim         |
|-------|--------------------------------------------------|-------------------------------------------------------------------|---------------------|
| 4.7   | City of Chicago/Dept. of Rev.                    | Last 4 digits of account number                                   | \$ <u>30,000.00</u> |
|       | Creditor's Name                                  |                                                                   |                     |
|       | 121 N. LaSalle St., Room 107A                    | When was the debt incurred?                                       |                     |
|       | Number Street                                    |                                                                   |                     |
|       |                                                  | As of the date you file, the claim is: Check all that apply.      |                     |
|       |                                                  | Contingent                                                        |                     |
|       | Chicago IL 60602                                 | Unliquidated                                                      |                     |
|       | City State Zip Code                              | Disputed                                                          |                     |
|       | Who owes the debt? Check one.                    |                                                                   |                     |
|       | Debtor 1 only                                    |                                                                   |                     |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                       | ☐ Student loans                                                   |                     |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                     |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | No                                               | Other Court.                                                      |                     |
|       | Yes                                              | Other. Specify                                                    |                     |
| 4.8   | Commonwealth Edison                              | Last 4 digits of account number                                   | \$ 300.00           |
|       | Creditor's Name                                  | • ———                                                             |                     |
|       | 3 Lincoln Center 4th Floor                       | When was the debt incurred?                                       |                     |
|       | Number Street                                    |                                                                   |                     |
|       |                                                  | As of the date you file, the claim is: Check all that apply.      |                     |
|       |                                                  | Contingent                                                        |                     |
|       | Oakbrook Terrace IL 60181                        | Unliquidated                                                      |                     |
|       | City State Zip Code                              | Disputed                                                          |                     |
|       | Who owes the debt? Check one.                    |                                                                   |                     |
|       | Debtor 1 only                                    |                                                                   |                     |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                       | ☐ Student loans                                                   |                     |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                     |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | No                                               | Litility Dillo/Collular Carriag                                   |                     |
|       | Yes                                              | Other. Specify Utility Bills/Cellular Service                     |                     |
| 4.9   | Directv                                          | Last 4 digits of account number 9625                              | <b>\$</b> 733.00    |
| 7.3   | Creditor's Name                                  |                                                                   | -                   |
|       | 800 Sw 39Th St                                   | When was the debt incurred? 2014-2014                             |                     |
|       | Number Street                                    |                                                                   |                     |
|       |                                                  | As of the date you file, the claim is: Check all that apply.      |                     |
|       |                                                  | Contingent                                                        |                     |
|       | Renton WA 98057                                  | Unliquidated                                                      |                     |
|       | City State Zip Code                              | Disputed                                                          |                     |
|       | Who owes the debt? Check one.                    | <u> Поторитов</u>                                                 |                     |
|       | Debtor 1 only                                    |                                                                   |                     |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                     |
|       | Debtor 1 and Debtor 2 only                       | ☐ Student loans                                                   |                     |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                     |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                     |
|       | community debt Is the claim subject to offest?   | Debts to pension or profit-sharing plans, and other similar debts |                     |
|       | No                                               | Other. Specify Collecting for Creditor                            |                     |
|       | Yes                                              | Other. Specify Others of Ordano                                   |                     |
|       |                                                  |                                                                   |                     |

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| After lis     | sting any entries on this page, number them be    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim      |
|---------------|---------------------------------------------------|-------------------------------------------------------------------|------------------|
| 4.10          | Donnell Sylva                                     | Last 4 digits of account number                                   | \$ <u>0.00</u>   |
|               | Creditor's Name                                   |                                                                   |                  |
|               | 9306 S Sacramento Ave                             | When was the debt incurred?                                       |                  |
|               | Number Street                                     |                                                                   |                  |
|               |                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
|               |                                                   | Contingent                                                        |                  |
|               | Evergreen Park IL 60805                           | Unliquidated                                                      |                  |
|               | City State Zip Code                               |                                                                   |                  |
| <u> </u>      | /ho owes the debt? Check one.                     | Disputed                                                          |                  |
|               | Debtor 1 only                                     |                                                                   |                  |
| L             | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
|               | Debtor 1 and Debtor 2 only                        | Student loans                                                     |                  |
|               | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
| Ī             | Check if this claim relates to a                  | that you did not report as priority claims                        |                  |
| "             | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is            | the claim subject to offest?                      |                                                                   |                  |
|               | No                                                | Other. Specify                                                    |                  |
| $\Box$        | Yes                                               |                                                                   |                  |
| 4.11          | ED Napleton Hyundai                               | Last 4 digits of account number4814                               | <u>\$ 450.00</u> |
|               | Creditor's Name                                   | When was the debt incurred? 2012-2012                             |                  |
|               | 1400 Ne Miami Gardens Dr                          | When was the debt incurred? 2012-2012                             |                  |
|               | Number Street                                     |                                                                   |                  |
|               |                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
|               |                                                   | Contingent                                                        |                  |
|               | North Miami Beach FL 33179                        | Unliquidated                                                      |                  |
| ١,,           | City State Zip Code                               | Disputed                                                          |                  |
| \ \ <u>\\</u> | /ho owes the debt? Check one.                     |                                                                   |                  |
|               | Debtor 1 only                                     |                                                                   |                  |
|               | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                  |
| <u> </u>      | Debtor 1 and Debtor 2 only                        | Student loans                                                     |                  |
| L             | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
|               | Check if this claim relates to a                  | that you did not report as priority claims                        |                  |
| ١.            | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is            | the claim subject to offest?                      |                                                                   |                  |
|               | No                                                | Other. Specify Collecting for Creditor                            |                  |
| $\vdash$      | Yes Faustino Torres                               |                                                                   | • 0 00           |
| 4.12          |                                                   | Last 4 digits of account number                                   | \$ <u>0.00</u>   |
|               | Creditor's Name 77 W Wacker 3250                  | When was the debt incurred?                                       |                  |
|               |                                                   | when was the debt incurred?                                       |                  |
|               | Number Street                                     |                                                                   |                  |
|               |                                                   | As of the date you file, the claim is: Check all that apply.      |                  |
|               | 01:                                               | Contingent                                                        |                  |
|               | Chicago IL 60601                                  | Unliquidated                                                      |                  |
| l v           | City State Zip Code /ho owes the debt? Check one. | Disputed                                                          |                  |
| ΙË            | Debtor 1 only                                     |                                                                   |                  |
| F             | Debtor 2 only                                     | Tune of NONDBIODITY unacquired eleims                             |                  |
|               | <b>=</b>                                          | Type of NONPRIORITY unsecured claim:                              |                  |
|               | Debtor 1 and Debtor 2 only                        | ☐ Student loans                                                   |                  |
| <u> </u>      | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                  |
| [             | Check if this claim relates to a                  | that you did not report as priority claims                        |                  |
|               | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                  |
|               | the claim subject to offest?                      | Auto Assidant                                                     |                  |
|               | <b>=</b>                                          | Other. Specify Auto Accident                                      |                  |
|               | Yes                                               |                                                                   |                  |

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Case Number (if known) <u>Document</u> Tracey Sheree Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.13 FORD CRED                                    | Last 4 digits of account number _      | 0152                           | \$ <u>0.00</u> |
|---------------------------------------------------|----------------------------------------|--------------------------------|----------------|
| Creditor's Name                                   | _                                      |                                |                |
| Po Box Box 542000                                 | When was the debt incurred?            | 2004-11-20                     |                |
| Number Street                                     |                                        |                                |                |
|                                                   | As of the date you file, the claim is  | : Check all that apply.        |                |
|                                                   | Contingent                             |                                |                |
| Omaha NE 68154                                    | Unliquidated                           |                                |                |
| City State Zip Code Who owes the debt? Check one. | Disputed                               |                                |                |
| Debtor 1 only                                     |                                        |                                |                |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | olaim:                         |                |
| Debtor 1 and Debtor 2 only                        | Student loans                          | Ciaiiii.                       |                |
| At least one of the debtors and another           | Obligations arising out of a separat   | tion agreement or divorce      |                |
| Check if this claim relates to a                  | that you did not report as priority cl | •                              |                |
| community debt                                    | Debts to pension or profit-sharing p   |                                |                |
| Is the claim subject to offest?                   |                                        |                                |                |
| No                                                | Other. Specify Notice Only             |                                |                |
| Yes                                               |                                        |                                |                |
| 4.14 Ford Credit                                  | Last 4 digits of account number _      |                                | \$ <u>0.00</u> |
| Creditor's Name                                   | When was the debt incurred?            |                                |                |
| PO Box 64400                                      | when was the dept incurred?            |                                |                |
| Number Street                                     |                                        |                                |                |
|                                                   | As of the date you file, the claim is  | : Check all that apply.        |                |
| Colorado Springs CO 80962-4                       | Contingent                             |                                |                |
| City State Zip Code                               | Unliquidated                           |                                |                |
| Who owes the debt? Check one.                     | Disputed                               |                                |                |
| Debtor 1 only                                     |                                        |                                |                |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                |
| Debtor 1 and Debtor 2 only                        | Student loans                          |                                |                |
| At least one of the debtors and another           | Obligations arising out of a separat   | tion agreement or divorce      |                |
| Check if this claim relates to a                  | that you did not report as priority cl |                                |                |
| community debt                                    | Debts to pension or profit-sharing p   | plans, and other similar debts |                |
| Is the claim subject to offest?                   | Nation Only                            |                                |                |
| Yes                                               | Other. Specify Notice Only             | <del></del>                    |                |
| 4.15 Illinois Collection SE                       | Last 4 digits of account number _      | 1823                           | \$ 53.00       |
| Creditor's Name                                   |                                        | <del></del>                    | · <del></del>  |
| 8231 185Th St Ste 100                             | When was the debt incurred?            | 2012-2012                      |                |
| Number Street                                     |                                        |                                |                |
|                                                   | As of the date you file, the claim is  | : Check all that apply.        |                |
|                                                   | Contingent                             | ,                              |                |
| Tinley Park IL 60487                              | . Unliquidated                         |                                |                |
| City State Zip Code Who owes the debt? Check one. |                                        |                                |                |
| Debtor 1 only                                     | <b>-</b>                               |                                |                |
| Debtor 2 only                                     | Type of NONPRIORITY unsecured          | olaim:                         |                |
| Debtor 1 and Debtor 2 only                        | Student loans                          | Ciaiiii.                       |                |
| At least one of the debtors and another           | Obligations arising out of a separat   | tion agreement or divorce      |                |
|                                                   | that you did not report as priority cl | •                              |                |
| Check if this claim relates to a community debt   | Debts to pension or profit-sharing p   |                                |                |
| Is the claim subject to offest?                   |                                        | 2300                           |                |
| No                                                | Other. SpecifyMedical Debt             |                                |                |
| Yes                                               |                                        |                                |                |

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| 4.16     | Illinois Collection SE                  | Last 4 digits of account number 1824                               | <b>\$</b> 53.00  |
|----------|-----------------------------------------|--------------------------------------------------------------------|------------------|
|          | Creditor's Name                         |                                                                    |                  |
|          | 8231 185Th St Ste 100                   | When was the debt incurred? 2012-2012                              |                  |
|          | Number Street                           |                                                                    |                  |
|          | Namber Succe                            |                                                                    |                  |
|          |                                         | As of the date you file, the claim is: Check all that apply.       |                  |
|          |                                         | Contingent                                                         |                  |
|          | Tinley Park IL 60487                    |                                                                    |                  |
|          | City State Zip Code                     | Unliquidated                                                       |                  |
| v        | Vho owes the debt? Check one.           | Disputed                                                           |                  |
|          |                                         | _                                                                  |                  |
|          | Debtor 1 only                           |                                                                    |                  |
| L        | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                               |                  |
| ΙГ       | Debtor 1 and Debtor 2 only              | Student loans                                                      |                  |
| l ř      | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce       |                  |
|          |                                         | <b>—</b> • • • • •                                                 |                  |
| L        | Check if this claim relates to a        | that you did not report as priority claims                         |                  |
|          | community debt                          | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| <u> </u> | s the claim subject to offest?          |                                                                    |                  |
|          | No                                      | Other. Specify Medical Debt                                        |                  |
| Ī        | Yes                                     |                                                                    |                  |
| 4 4 7    | Illinois Collection SE                  | Last 4 digits of account number 1825                               | <b>\$</b> 53.00  |
| 4.17     |                                         | Last 4 digits of account number                                    | Ψ                |
| 1        | Creditor's Name                         | When was the debt incurred? 2012-2012                              |                  |
|          | 8231 185Th St Ste 100                   | When was the debt incurred?                                        |                  |
|          | Number Street                           |                                                                    |                  |
|          |                                         | As of the date you file the eleips in Observall that each          |                  |
|          |                                         | As of the date you file, the claim is: Check all that apply.       |                  |
|          | Tiples Dad                              | Contingent                                                         |                  |
|          | Tinley Park IL 60487                    | Unliquidated                                                       |                  |
|          | City State Zip Code                     | Disputed                                                           |                  |
| <u>v</u> | Vho owes the debt? Check one.           | Disputed                                                           |                  |
|          | Debtor 1 only                           |                                                                    |                  |
| Ī        | Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                               |                  |
| 1 7      |                                         |                                                                    |                  |
|          | Debtor 1 and Debtor 2 only              | Student loans                                                      |                  |
| L        | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce       |                  |
| Ιг       | Check if this claim relates to a        | that you did not report as priority claims                         |                  |
| "        | community debt                          | Debts to pension or profit-sharing plans, and other similar debts  |                  |
| ls ls    | s the claim subject to offest?          |                                                                    |                  |
| Ï        | No                                      | Marked Bald                                                        |                  |
| 1 7      | ₹                                       | Other. Specify Medical Debt                                        |                  |
| -        | Yes                                     | 4004                                                               | . 000 00         |
| 4.18     | Illinois Collection SE                  | Last 4 digits of account number1821                                | \$ <u>303.00</u> |
|          | Creditor's Name                         | ****                                                               |                  |
| 1        | 8231 185Th St Ste 100                   | When was the debt incurred? 2012-2012                              |                  |
|          | Number Street                           |                                                                    |                  |
| 1        |                                         |                                                                    |                  |
| 1        |                                         | As of the date you file, the claim is: Check all that apply.       |                  |
| 1        |                                         | Contingent                                                         |                  |
| 1        | Tinley Park IL 60487                    | Unliquidated                                                       |                  |
| 1        | City State Zip Code                     |                                                                    |                  |
| v        | Who owes the debt? Check one.           | Disputed                                                           |                  |
|          | Debtor 1 only                           |                                                                    |                  |
|          |                                         | Turns of NONDRIODITY among and alaims                              |                  |
| <u> </u> | Debtor 2 only                           | Type of NONPRIORITY unsecured claim: □                             |                  |
| L        | Debtor 1 and Debtor 2 only              | Student loans                                                      |                  |
| Γ        | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce       |                  |
| 7        | Check if this claim relates to a        | that you did not report as priority claims                         |                  |
| 1 -      | community debt                          | Debts to pension or profit-sharing plans, and other similar debts  |                  |
|          | s the claim subject to offest?          | Debits to pension or profit-sharing plans, and other similar debts |                  |
| "        | -                                       |                                                                    |                  |
|          | No                                      | Other. Specify Medical Debt                                        |                  |
|          | Yes                                     | <del>_</del>                                                       |                  |

Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Main Case 16-10895 Doc 1 Page 26 of 64 Case Number (if known) <u>Document</u> Tracey Sheree Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 

| 4.19       | Illinois State Toll Hwy Auth                       | Last 4 digits of account number                                      | \$ <u>600.00</u>   |
|------------|----------------------------------------------------|----------------------------------------------------------------------|--------------------|
|            | Creditor's Name                                    |                                                                      |                    |
|            | 2700 Ogden Ave.                                    | When was the debt incurred?                                          |                    |
|            | Number Street                                      |                                                                      |                    |
|            |                                                    | As a filtre data was filtre than a laborator Object with the control |                    |
|            |                                                    | As of the date you file, the claim is: Check all that apply.         |                    |
|            | Downers Grove IL 60515-1703                        | Contingent                                                           |                    |
|            |                                                    | Unliquidated                                                         |                    |
| v          | City State Zip Code  Who owes the debt? Check one. | Disputed                                                             |                    |
| ľ          | 7                                                  |                                                                      |                    |
|            | Debtor 1 only                                      |                                                                      |                    |
| [          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                    |
| [          | Debtor 1 and Debtor 2 only                         | Student loans                                                        |                    |
| Ī          | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                    |
|            |                                                    | that you did not report as priority claims                           |                    |
|            | Check if this claim relates to a                   |                                                                      |                    |
| l .        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts    |                    |
|            | s the claim subject to offest?                     |                                                                      |                    |
|            | No                                                 | Other. Specify Fines                                                 |                    |
|            | Yes                                                |                                                                      |                    |
| 4.20       | Little Company of Mary Hosp.                       | Last 4 digits of account number                                      | \$ <u>6,530.00</u> |
|            | Creditor's Name                                    |                                                                      |                    |
|            | 2800 W. 95th St.                                   | When was the debt incurred?                                          |                    |
|            | Number Street                                      |                                                                      |                    |
|            |                                                    |                                                                      |                    |
|            |                                                    | As of the date you file, the claim is: Check all that apply.         |                    |
|            | E                                                  | Contingent                                                           |                    |
|            | Evergreen Park IL 60805                            | Unliquidated                                                         |                    |
|            | City State Zip Code                                | Disputed                                                             |                    |
| Y          | Who owes the debt? Check one.                      |                                                                      |                    |
|            | Debtor 1 only                                      |                                                                      |                    |
|            | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                    |
| l f        | Debtor 1 and Debtor 2 only                         | Student loans                                                        |                    |
| l ř        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                    |
|            |                                                    |                                                                      |                    |
| L          | Check if this claim relates to a                   | that you did not report as priority claims                           |                    |
| 1 .        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts    |                    |
| "          | s the claim subject to offest?                     |                                                                      |                    |
|            | No                                                 | Other. Specify Medical/Dental Services                               |                    |
| <b></b>    | Yes                                                | 0004                                                                 | . 400.00           |
| 4.21       | MBB                                                | Last 4 digits of account number 2001                                 | \$ <u>100.00</u>   |
| 1          | Creditor's Name                                    | 2014 2014                                                            |                    |
| 1          | 1460 Renaissance Dr                                | When was the debt incurred? 2014-2014                                |                    |
| 1          | Number Street                                      |                                                                      |                    |
| 1          |                                                    | As of the date you file, the claim is: Check all that apply.         |                    |
| 1          |                                                    |                                                                      |                    |
| 1          | Park Ridge IL 60068                                | Contingent                                                           |                    |
| 1          |                                                    | Unliquidated                                                         |                    |
| v          | City State Zip Code  Who owes the debt? Check one. | Disputed                                                             |                    |
|            |                                                    |                                                                      |                    |
|            | Debtor 1 only                                      |                                                                      |                    |
| 1 <u>L</u> | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                 |                    |
| [          | Debtor 1 and Debtor 2 only                         | Student loans                                                        |                    |
| 1 [        | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce         |                    |
| 1 7        | Check if this claim relates to a                   | that you did not report as priority claims                           |                    |
| 1 4        | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts    |                    |
| 1          | s the claim subject to offest?                     | - Source to pension or professioning plants, and other similar debts |                    |
| "          | No                                                 | Madical Daht                                                         |                    |
|            |                                                    | Other. Specify Medical Debt                                          |                    |
|            | Yes                                                |                                                                      |                    |

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| <b>FC</b> all | Tour NONPRIORITT Offsecured Claims - Co            | numation rage                                                     |                    |
|---------------|----------------------------------------------------|-------------------------------------------------------------------|--------------------|
| After li      | sting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and so forth.                  | Total Claim        |
| 4.22          | Midland Funding, LLC                               | Last 4 digits of account number 6603                              | \$ <u>1,061.00</u> |
|               | Creditor's Name                                    |                                                                   |                    |
|               | 8875 Aero Drive, # 200                             | When was the debt incurred?                                       |                    |
|               | Number Street                                      |                                                                   |                    |
|               |                                                    | As of the date you file, the claim is: Check all that apply.      |                    |
|               |                                                    | Contingent                                                        |                    |
|               | San Diego CA 92123                                 | Unliquidated                                                      |                    |
| ļ             | City State Zip Code  Who owes the debt? Check one. | Disputed                                                          |                    |
| <u> </u>      | Debtor 1 only                                      |                                                                   |                    |
| L             | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| [             | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                    |
|               | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Ī             | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| ١ ١           | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| <u> </u>      | s the claim subject to offest?                     |                                                                   |                    |
|               | No<br>Yes                                          | Other. Specify Credit Card or Credit Use                          |                    |
| 4.23          | Nicor Gas                                          | Last 4 digits of account number                                   | <b>\$</b> 200.00   |
| 0             | Creditor's Name                                    | • ———                                                             |                    |
|               | PO Box 549                                         | When was the debt incurred?                                       |                    |
|               | Number Street                                      |                                                                   |                    |
|               |                                                    | As of the date you file the claim is: Check all that apply        |                    |
|               | <del></del>                                        | As of the date you file, the claim is: Check all that apply.      |                    |
|               | Aurora IL 60507                                    | Contingent                                                        |                    |
|               | City State Zip Code                                | Unliquidated                                                      |                    |
| ١ ١           | Who owes the debt? Check one.                      | Disputed                                                          |                    |
| [             | Debtor 1 only                                      |                                                                   |                    |
| [             | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| [             | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                    |
| Ī             | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| l i           | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| L             | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| ļ             | s the claim subject to offest?                     |                                                                   |                    |
|               | No                                                 | Other. Specify Utility Bills/Cellular Service                     |                    |
|               | Yes                                                |                                                                   |                    |
| 4.24          | Northwestern Memorial Hospital                     | Last 4 digits of account number                                   | \$ <u>0.00</u>     |
|               | Creditor's Name                                    |                                                                   |                    |
|               | 251 E. Huron St.                                   | When was the debt incurred?                                       |                    |
|               | Number Street                                      |                                                                   |                    |
|               |                                                    | As of the date you file, the claim is: Check all that apply.      |                    |
|               |                                                    | Contingent                                                        |                    |
|               | Chicago IL 60611                                   | Unliquidated                                                      |                    |
| ١.            | City State Zip Code                                | Disputed                                                          |                    |
| '             | Who owes the debt? Check one.                      |                                                                   |                    |
| ļ             | Debtor 1 only                                      |                                                                   |                    |
| <u> </u>      | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| [             | Debtor 1 and Debtor 2 only                         | Student loans                                                     |                    |
| [             | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| [             | Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
|               | community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| !             | s the claim subject to offest?                     |                                                                   |                    |
|               | No                                                 | Out out Medical/Dental Services                                   |                    |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and so      | forth.                  | Total Claim      |
|----------|----------------------------------------------------|------------------------------------------------|-------------------------|------------------|
| 4.25     | Sprint                                             | Last 4 digits of account number 78             | 32                      | <b>\$</b> 745.00 |
| 1124     | Creditor's Name                                    |                                                | <del></del>             |                  |
|          | 4615 Dundas Dr Ste 102                             | When was the debt incurred? 20                 | 15-2015                 |                  |
|          | Number Street                                      |                                                |                         |                  |
|          |                                                    | As of the date you file, the claim is: Chec    | k all that anniv        |                  |
|          |                                                    |                                                | κ all tilat apply.      |                  |
|          | Greensboro NC 27407                                | Contingent                                     |                         |                  |
|          | City State Zip Code                                | Unliquidated                                   |                         |                  |
| v        | Who owes the debt? Check one.                      | Disputed                                       |                         |                  |
|          | Debtor 1 only                                      |                                                |                         |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:           |                         |                  |
| Ī        | Debtor 1 and Debtor 2 only                         | Student loans                                  |                         |                  |
| l ř      | At least one of the debtors and another            | Obligations arising out of a separation agree  | eement or divorce       |                  |
| 7        | Check if this claim relates to a                   | that you did not report as priority claims     |                         |                  |
| "        | community debt                                     | Debts to pension or profit-sharing plans, a    | nd other similar debts  |                  |
| ls       | s the claim subject to offest?                     | Debte to periodic or profit driating plane, a  | and other shrinki debto |                  |
|          | No                                                 | Other. Specify Collecting for Credito          | r                       |                  |
| Ī        | Yes                                                | Other. Specify Concerning for Ordano           | <u> </u>                |                  |
| 4.26     | Tri-State Nursing & Rehab Inc.                     | Last 4 digits of account number                |                         | \$ 0.00          |
| 7.20     | Creditor's Name                                    |                                                | <del></del>             | -                |
|          | 2201 W Main St.                                    | When was the debt incurred?                    |                         |                  |
|          | Number Street                                      |                                                |                         |                  |
|          |                                                    | As a filtre data was file the alabata ta Olive |                         |                  |
|          |                                                    | As of the date you file, the claim is: Chec    | k all that apply.       |                  |
|          | Evanston IL 60202                                  | Contingent                                     |                         |                  |
|          | City State Zip Code                                | Unliquidated                                   |                         |                  |
| v        | Who owes the debt? Check one.                      | Disputed                                       |                         |                  |
| ΙГ       | Debtor 1 only                                      |                                                |                         |                  |
| lī       | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:           |                         |                  |
| ř        | Debtor 1 and Debtor 2 only                         | Student loans                                  |                         |                  |
| H        | <b>=</b>                                           | Obligations arising out of a separation agri   | coment or diverse       |                  |
|          | At least one of the debtors and another            |                                                | eement or divorce       |                  |
| L        | Check if this claim relates to a                   | that you did not report as priority claims     |                         |                  |
|          | community debt<br>s the claim subject to offest?   | Debts to pension or profit-sharing plans, a    | nd other similar debts  |                  |
| ľ        | No                                                 | Notice Oak                                     |                         |                  |
|          | =                                                  | Other. Specify Notice Only                     |                         |                  |
| 1        | Yes<br>US Bank NA                                  | Look A divide of account mumber                |                         | \$ 800.00        |
| 4.27     | Creditor's Name                                    | Last 4 digits of account number                | <del></del>             | φ_000.00         |
|          | PO Box 5229                                        | When was the debt incurred?                    |                         |                  |
|          |                                                    |                                                |                         |                  |
|          | Number Street                                      |                                                |                         |                  |
|          |                                                    | As of the date you file, the claim is: Chec    | k all that apply.       |                  |
|          | Oincipanti OII 45004                               | Contingent                                     |                         |                  |
|          | Cincinnati OH 45201                                | Unliquidated                                   |                         |                  |
| v        | City State Zip Code  Vho owes the debt? Check one. | Disputed                                       |                         |                  |
| İř       | _                                                  | <b>-</b>                                       |                         |                  |
|          | Debtor 1 only                                      |                                                |                         |                  |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:           |                         |                  |
| <u> </u> | Debtor 1 and Debtor 2 only                         | Student loans                                  |                         |                  |
| L        | At least one of the debtors and another            | Obligations arising out of a separation agree  | eement or divorce       |                  |
|          | Check if this claim relates to a                   | that you did not report as priority claims     |                         |                  |
| -        | community debt                                     | Debts to pension or profit-sharing plans, a    | nd other similar debts  |                  |
| ls       | s the claim subject to offest?                     |                                                |                         |                  |
|          | No                                                 | Other. Specify Credit Card or Credit           | Use                     |                  |
|          | Yes                                                |                                                |                         |                  |

Case 16-10895

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Tracey Debtor 1

Sheree

<u>Document</u>

Last Name

| Part 3: | List Others to Be Notified for a Debt That You Already Liste |
|---------|--------------------------------------------------------------|
|         |                                                              |

| 5. | example, if a collection ago<br>2, then list the collection a | ency is trying to collect from you gency here. Similarly, if you have | for a debt you<br>more than on | ey, for a debt that you already listed in<br>u owe to someone else, list the origin<br>ne creditor for any of the debts that you<br>fied for any debts in Parts 1 or 2, do | al creditor in Parts 1 or<br>ou listed in Parts 1 or 2, list the |
|----|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|    | Clerk, First Mun Div                                          |                                                                       |                                | On which entry in Part 1 or Part 2                                                                                                                                         | list the original creditor?                                      |
|    | Name<br>50 W. Washington St., Rr                              | n. 1001                                                               |                                | Line1 of (Check one):                                                                                                                                                      | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       | -                              |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       | IL<br>State Zip C                                                     | 60602<br>code                  | Last 4 digits of account number                                                                                                                                            | 0884                                                             |
|    | Sorman & Frankel, Ltd.                                        |                                                                       |                                | On which entry in Part 1 or Part 2                                                                                                                                         | list the original creditor?                                      |
|    | Name<br>180 N. LaSalle St Ste 270                             | 00                                                                    | -                              | Line1 of (Check one):                                                                                                                                                      | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       |                                |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       | IL<br>State Zip C                                                     | 60601<br>Code                  | Last 4 digits of account number                                                                                                                                            | 0884                                                             |
|    | Clerk, First Mun Div                                          |                                                                       | _                              | On which entry in Part 1 or Part 2                                                                                                                                         | list the original creditor?                                      |
|    | Name<br>50 W. Washington St., Rr                              | n. 1001                                                               |                                | Line 2 of (Check one):                                                                                                                                                     | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       | -                              |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       | IL<br>State Zip C                                                     | 60602                          | Last 4 digits of account number                                                                                                                                            |                                                                  |
|    | Trunkett & Trunkett PC                                        | State Zip C                                                           |                                | On which entry in Part 1 or Part 2                                                                                                                                         | list the original creditor?                                      |
|    | Name<br>20 North Wacker Drive St                              | re 1434                                                               |                                | Line 2 of (Check one):                                                                                                                                                     | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       | •                              |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       | IL<br>State Zip 0                                                     | 60606<br>Code                  | Last 4 digits of account number                                                                                                                                            |                                                                  |
|    | Arnold Scott Harris PC                                        |                                                                       |                                | On which entry in Part 1 or Part 2                                                                                                                                         | list the original creditor?                                      |
|    | Name<br>111 W Jackson Blvd Ste                                | 600                                                                   | _                              | Line3 of (Check one):                                                                                                                                                      | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       |                                |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       |                                                                       | 60604                          | Last 4 digits of account number                                                                                                                                            |                                                                  |
|    | Clerk of the Law Division                                     | State Zip C                                                           | ode                            |                                                                                                                                                                            |                                                                  |
|    | Name                                                          |                                                                       | -                              | On which entry in Part 1 or Part 2                                                                                                                                         | _                                                                |
|    | 50 W. Washington St. Rn                                       | n 801                                                                 |                                | Line 4 of (Check one):                                                                                                                                                     | Part 1: Creditors with Priority Unsecured Claims                 |
|    | Number Street                                                 |                                                                       | -                              |                                                                                                                                                                            | Part 2: Creditors with Nonpriority Unsecured Claims              |
|    | Chicago                                                       |                                                                       | 60602                          | Last 4 digits of account number                                                                                                                                            |                                                                  |
|    | City                                                          | State Zip C                                                           | ode                            |                                                                                                                                                                            |                                                                  |

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| First Name                                        | Middle Name | Last Name |                                      |                                                     |
|---------------------------------------------------|-------------|-----------|--------------------------------------|-----------------------------------------------------|
| Clerk, First Mun Div                              |             | _         | On which entry in Part 1 or Part 2 I | ist the original creditor?                          |
| <sub>Name</sub><br>50 W. Washington St., Rm. 1001 |             |           | Line 5 of (Check one):               | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                     |             | -         |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                                           | IL          | 60602     | Last 4 digits of account number _    | 6603                                                |
| City                                              | State Zip C | Code      |                                      |                                                     |
| Blatt, Hasenmiller, Leibsker                      |             | _         | On which entry in Part 1 or Part 2 I | list the original creditor?                         |
| Name<br>10 S. LaSalle St. Ste 2200                |             | _         | Line 5 of (Check one):               | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                     |             |           |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                                           | IL          | 60603     | Last 4 digits of account number _    | 6603                                                |
| City                                              | State Zip ( | Code      |                                      |                                                     |
| Clerk of the Law Division                         |             | _         | On which entry in Part 1 or Part 2 I | list the original creditor?                         |
| <sub>Name</sub><br>50 W. Washington St. Rm 801    |             |           | Line 6 of (Check one):               | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                     |             | -         |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                                           | IL          | 60602     | Last 4 digits of account number      |                                                     |
| City                                              | State Zip C | Code      |                                      |                                                     |
| Huston May Fayez LLC                              |             | _         | On which entry in Part 1 or Part 2 I | list the original creditor?                         |
| <sub>Name</sub><br>220 W Adams 2610               |             |           | Line 6 of (Check one):               | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                     |             | -         |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago                                           | IL          | 60606     | Last 4 digits of account number _    |                                                     |
| City                                              | State Zip   | -<br>Code |                                      |                                                     |

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Tracey Debtor 1

Sheree

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Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---------------------------------------------------------|-------------------------------------------------------------------------------|
|    | Add the amounts for each type of unsecured claim.       |                                                                               |

|                             |                                                                                                                                                                      |            | Total claim      |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|
| Total claims from Part 1    | 6a. Domestic support obligations                                                                                                                                     | 6a.        | \$0.00           |
|                             | 6b. Taxes and Certain other debts you owe the government                                                                                                             | 6b.        | \$1,300.00       |
|                             | 6c. Claims for death or personal injury while you were intoxicated                                                                                                   | 6c.        | \$0.00           |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.                                                                                  | 6d.        | \$0.00           |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.                                                                                                                           | 6e.        | \$1,300.00       |
|                             |                                                                                                                                                                      |            |                  |
|                             |                                                                                                                                                                      |            | Total claim      |
| Total claims<br>from Part 2 | 6f. Student loans                                                                                                                                                    | 6f.        | Total claim      |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                       | 6f.<br>6g. | 0.00             |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority                                                                 |            | \$0.00           |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other | 6g.        | \$0.00<br>\$0.00 |

| Fil               | l in this in                                       | Caso 16<br>formation to iden                                                                                       |                                                                                                                                                                                                                                                                  | ilod 02/20/16                                      | Entered 03/30/16<br>2 of 64                                                                                                       | 6 14:05:04                                          | Desc Main        |      |
|-------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------|------|
|                   |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    | 2 01 04                                                                                                                           |                                                     |                  |      |
| De                | ebtor 1                                            | Tracey First Name                                                                                                  | Sheree  Middle Name                                                                                                                                                                                                                                              | Otis-Mosley  Last Name                             |                                                                                                                                   |                                                     |                  |      |
| De                | ebtor 2                                            |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
| (Sp               | oouse, if filing)                                  | First Name                                                                                                         | Middle Name                                                                                                                                                                                                                                                      | Last Name                                          |                                                                                                                                   |                                                     |                  |      |
| Ur                | nited States                                       | Bankruptcy Court for                                                                                               | r the : <u>NORTHERN</u> District of <u>I</u>                                                                                                                                                                                                                     | <del></del>                                        |                                                                                                                                   |                                                     | _                |      |
|                   | ase Number                                         |                                                                                                                    |                                                                                                                                                                                                                                                                  | (State)                                            |                                                                                                                                   |                                                     | Check if this is | an   |
|                   | known)                                             | 1000                                                                                                               |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     | amended filing   |      |
|                   |                                                    | orm 106G                                                                                                           | ory Contracts and l                                                                                                                                                                                                                                              |                                                    |                                                                                                                                   |                                                     |                  | 12/1 |
| nformadditi  1. D | nation. If monal pages o you hav No. Cho Yes. Fill | nore space is needs, write your name eany executory of each this box and so in all of the informely each person of | possible. If two married people ded, copy the additional page, e and case number (if known). contracts or unexpired leases? submit this form to the court with nation below even if the contract or company with whom you have cell phone). See the instruction: | your other schedules. You sor leases are listed in | tries, and attach it to this pa<br>u have nothing else to report<br>Schedule A/B: Property (Offici<br>Then state what each contra | ge. On the top of a on this form.  ial Form 106A/B) | for              |      |
| uı                | nexpired le                                        | ases.                                                                                                              | nom you have the contract or le                                                                                                                                                                                                                                  |                                                    | ·                                                                                                                                 | he contract or lease                                |                  |      |
| 2.1               |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Name                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Number                                             | Street                                                                                                             |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | City                                               |                                                                                                                    | State Zip C                                                                                                                                                                                                                                                      | Code                                               |                                                                                                                                   |                                                     |                  |      |
| 2.2               |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Name                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Number                                             | Street                                                                                                             |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | City                                               |                                                                                                                    | State Zip C                                                                                                                                                                                                                                                      | Code                                               |                                                                                                                                   |                                                     |                  |      |
| 2.3               |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Name                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Number                                             | Street                                                                                                             |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | City                                               |                                                                                                                    | State Zip C                                                                                                                                                                                                                                                      | Code                                               |                                                                                                                                   |                                                     |                  |      |
| 2.4               |                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Name                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Number                                             | Street                                                                                                             |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | City                                               |                                                                                                                    | State Zip C                                                                                                                                                                                                                                                      | `oda                                               |                                                                                                                                   |                                                     |                  |      |
| ٦, - ا            | Oity .                                             |                                                                                                                    | State ZIPC                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                   |                                                     |                  |      |
| 2.5               | Nome                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Name                                               |                                                                                                                    |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |
|                   | Number                                             | Street                                                                                                             |                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                   |                                                     |                  |      |

State Zip Code

City

Official Form 106G

| Fill in this in     | formation to iden    | tify your case:                               |             |
|---------------------|----------------------|-----------------------------------------------|-------------|
| Debtor 1            | Tracey               | Sheree                                        | Otis-Mosley |
|                     | First Name           | Middle Name                                   | Last Name   |
| Debtor 2            |                      |                                               |             |
| (Spouse, if filing) | First Name           | Middle Name                                   | Last Name   |
| United States       | Bankruptcy Court for | r the : <u>NORTHERN</u> District of <u>II</u> |             |
| Case Number         | r                    |                                               | (State)     |
| (If known)          |                      |                                               | -           |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                   |                                 |                             |                    |                                                        |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|--------------------|--------------------------------------------------------|--|--|--|--|--|
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                   |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | □ No.                                                                                                                                                                                                                                             |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                               |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | No. Go to line 3.                                                                                                                                                                                                                                 |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?                                                                                                                                                               |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Yes. Inwhich community state or territory did you live?                                                                                                                                                                                           |                                 |                             |                    | . Fill in the name and current address of that person. |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                   |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Name of your spouse, former spouse or legal equivalent                                                                                                                                                                                            |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Number                                                                                                                                                                                                                                            | Street                          |                             | <del></del>        |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                                                                                                                                                              |                                 | State                       | Zip Code           |                                                        |  |  |  |  |  |
| 3. <b>In</b>                                                                                                                                                                                                                                                                                                                                                                               | Column 1, list a                                                                                                                                                                                                                                  | II of your codebtors. Do not in | clude your spouse as a code | ebtor if your spou | ise is filing with you. List the person                |  |  |  |  |  |
| shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.  **Column 1: Your codebtor**  **Column 2: The creditor to whom you owe the debt* |                                                                                                                                                                                                                                                   |                                 |                             |                    |                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                   |                                 |                             |                    | Check all schedules that apply:                        |  |  |  |  |  |
| 3.1                                                                                                                                                                                                                                                                                                                                                                                        | Daniel Sylva E                                                                                                                                                                                                                                    | st.                             |                             |                    | Schedule D, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Name<br>1486 S Divisio                                                                                                                                                                                                                            | n St.                           |                             |                    | Schedule E/F, line10                                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Number S<br>Posen                                                                                                                                                                                                                                 | Street                          | IL                          | 60469              | Schedule G, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                                                                                                                                                              |                                 | State                       | Zip Code           |                                                        |  |  |  |  |  |
| 3.2                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                                 |                             |                    | Schedule D, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                                                                                                                              |                                 |                             |                    | Schedule E/F, line                                     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Number S                                                                                                                                                                                                                                          | Street                          |                             |                    | Schedule G, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                                                                                                                                                              |                                 | State                       | Zip Code           |                                                        |  |  |  |  |  |
| 3.3                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                                 |                             | _                  | Schedule D, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                                                                                                                              |                                 |                             |                    | Schedule E/F, line                                     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Number S                                                                                                                                                                                                                                          | Street                          |                             |                    | Schedule G, line                                       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                                                                                                                                                              |                                 | State                       | Zip Code           |                                                        |  |  |  |  |  |

|                                      |                     |                          | Document Pag           | <u>le 34</u> of 64                                                       |
|--------------------------------------|---------------------|--------------------------|------------------------|--------------------------------------------------------------------------|
| Fill in this ir                      | nformation to ident | tify your case:          |                        |                                                                          |
| Debtor 1                             | Tracey First Name   | Sheree<br>Middle Name    | Otis-Mosley  Last Name |                                                                          |
| Debtor 2<br>(Spouse, if filing)      | First Name          | Middle Name              | Last Name              |                                                                          |
| United States  Case Numbe (If known) |                     | the :NORTHERN DISTRICT C | OF ILLINOIS            | Check if this is:  An amended filing  A supplement showing post-petition |
| Official F                           | <u>orm 106l</u>     |                          |                        | chapter 13 income as of the following date:  MM / DD / YYYY              |
| Schedul                              | e I: Your I         | ncome                    |                        | 12/15                                                                    |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information If you have more than one job, attach a separate page with Employed Employed **Employment status** information about additional Not employed Not employed employers. Include part-time, seasonal, or self-employed work. Occupation Disability Occupation may Include student or homemaker, if it applies. **Employers name Employers address** How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary and commissions (before all payroll \$0.00 \$3,179.98 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. \$0.00 \$0.00 4. Calculate gross income. Add line 2 + line 3. \$3,179.98 \$0.00

Official Form 106l Record # 705592 Schedule I: Your Income Page 1 of 2

Case 16-10895 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Main Doc 1 Document Otis-Mosley Page 35 of 64

Debtor 1

Tracey Sheree First Name Last Name Case Number (if known)

|              |                        |                                                                                                                                                                                                                                                                   |                                   | For Debtor 1             |         | Debtor 2 or filing spouse |     |            |
|--------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|---------|---------------------------|-----|------------|
|              | Copy                   | y line 4 here                                                                                                                                                                                                                                                     | 4.                                | \$3,179.98               |         | \$0.00                    |     |            |
| 5. <b>L</b>  |                        | payroll deductions:                                                                                                                                                                                                                                               |                                   |                          |         |                           |     |            |
|              |                        | ax, Medicare, and Social Security deductions                                                                                                                                                                                                                      | 5a.                               | \$20.00                  |         | \$0.00                    |     |            |
|              |                        | Mandatory contributions for retirement plans                                                                                                                                                                                                                      | 5b.<br>—                          | \$0.00                   |         | \$0.00                    |     |            |
|              | 5c. <b>V</b>           | oluntary contributions for retirement plans                                                                                                                                                                                                                       | 5c.<br>—                          | \$0.00                   |         | \$0.00                    |     |            |
|              | 5d. <b>F</b>           | Required repayments of retirement fund loans                                                                                                                                                                                                                      | 5d.                               | \$0.00                   |         | \$0.00                    |     |            |
|              |                        | nsurance                                                                                                                                                                                                                                                          | 5e.<br>                           | \$0.00                   |         | \$0.00                    |     |            |
|              | 5f. <b>C</b>           | Omestic support obligations                                                                                                                                                                                                                                       | 5f.<br>—                          | \$0.00                   |         | \$0.00                    |     |            |
|              | 5g. <b>L</b>           | Inion dues                                                                                                                                                                                                                                                        | 5g.<br>                           | \$0.00                   |         | \$0.00                    |     |            |
|              |                        | Other deductions. Specify:                                                                                                                                                                                                                                        | 5h.<br>                           | \$0.00                   |         | \$0.00                    |     |            |
| 6. <b>A</b>  | dd the                 | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.                                                                                                                                                                                        | 6.<br>                            | \$20.00                  |         | \$0.00                    |     |            |
| 7. C         | alcula                 | te total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                      | 7.                                | \$3,159.98               |         | \$0.00                    |     |            |
| 8. <b>Li</b> | st all                 | other income regularly received:                                                                                                                                                                                                                                  |                                   |                          |         |                           |     |            |
|              | 8a.                    | Net income from rental property and from operating a business,                                                                                                                                                                                                    |                                   |                          |         |                           |     |            |
|              |                        | profession, or farm                                                                                                                                                                                                                                               |                                   |                          |         |                           |     |            |
|              |                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                                                                                                 |                                   |                          |         |                           |     |            |
|              |                        | monthly net income.                                                                                                                                                                                                                                               | 8a.                               | \$0.00                   |         | \$0.00                    |     |            |
|              | 8b.                    | Interest and dividends                                                                                                                                                                                                                                            | 8b.                               | \$0.00                   |         | \$0.00                    |     |            |
|              | 8c.                    | Family support payments that you, a non-filing spouse, or a                                                                                                                                                                                                       | 8c.                               | \$ 0.00                  |         | \$ 0.00                   |     |            |
|              |                        | dependent regularly receive                                                                                                                                                                                                                                       |                                   |                          |         |                           |     |            |
|              |                        | Include alimony, spousal support, child support, maintenance, divorce                                                                                                                                                                                             |                                   |                          |         |                           |     |            |
|              |                        | settlement, and property settlement.                                                                                                                                                                                                                              |                                   |                          |         |                           |     |            |
|              | 8d.                    | Unemployment compensation                                                                                                                                                                                                                                         | 8d.                               | \$0.00                   |         | \$0.00                    |     |            |
|              | 8e.                    | Social Security                                                                                                                                                                                                                                                   | 8e                                | \$0.00                   |         | \$0.00                    |     |            |
|              | 8f.                    | Other government assistance that you regularly receive                                                                                                                                                                                                            | 8f.                               | \$0.00                   |         | \$0.00                    |     |            |
|              |                        | Include cash assistance and the value (if known) of any non-cash                                                                                                                                                                                                  |                                   |                          |         |                           |     |            |
|              |                        | assistance that you receive, such as food stamps (benefits under the                                                                                                                                                                                              |                                   |                          |         |                           |     |            |
|              |                        | Supplemental Nutrition Assistance Program) or housing subsidies.                                                                                                                                                                                                  |                                   |                          |         |                           |     |            |
|              |                        | Specify:                                                                                                                                                                                                                                                          |                                   |                          |         |                           |     |            |
|              | 8g.                    | Pension or retirement income                                                                                                                                                                                                                                      | 8g.<br>—                          | \$0.00                   |         | \$0.00                    |     |            |
|              | 8h.                    | Other monthly income. Specify:                                                                                                                                                                                                                                    | 8h.<br>—                          | \$0.00                   |         | \$0.00                    |     |            |
| 9.           | Add                    | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                                                 | 9                                 | \$0.00                   |         | \$0.00                    |     |            |
| 10.          | Calc                   | ulate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                        | 10.                               | \$3,159.98 +             |         | \$0.00                    | . [ | \$3,159.98 |
|              | Add                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                            |                                   | <b>70,100</b>            |         | <b>V</b> 0.00             | L   | 40,100.00  |
| 11.          | Inclu<br>other<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are relative. | our dependent<br>not available to | ,                        |         |                           | 11  | \$0.00     |
| 12.          |                        | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Ce                                                                                                                |                                   | •                        | annliee |                           | 12. | \$3,159.98 |
| 13.          |                        | ou expect an increase or decrease within the year after you file this form                                                                                                                                                                                        |                                   | o and Neialed Dald, II I | applics |                           | L   | Ψο, 100.00 |
| 10.          | x I                    |                                                                                                                                                                                                                                                                   | •                                 |                          |         |                           |     |            |

|                                 | iormation to identity you                    | ur cusc.                |                                                                           |                                                     |                                            |                                |
|---------------------------------|----------------------------------------------|-------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------|
| Debtor 1                        | Tracey                                       | Sheree                  | Otis-Mosley                                                               | Check if this i                                     |                                            |                                |
| Dahta 0                         | First Name                                   | Middle Name             | Last Name                                                                 | =                                                   | nded filing                                | t                              |
| Debtor 2<br>(Spouse, if filing) | First Name                                   | Middle Name             | Last Name                                                                 |                                                     | ement snowing pos<br>as of the following o | t-petition chapter 13<br>date: |
| United States                   | Bankruptcy Court for the :                   | NORTHERN DISTRICT OF    | FILLINOIS                                                                 |                                                     |                                            |                                |
| Case Number<br>(If known)       |                                              |                         | _                                                                         | MM / DL                                             | ) / YYYY                                   |                                |
| Official F                      | orm 106 l                                    |                         |                                                                           |                                                     | -                                          | 2 because Debtor 2             |
|                                 | orm 106J                                     |                         |                                                                           | — maintain                                          | is a separate house                        | ehold.                         |
|                                 | e J: Your Exp                                |                         |                                                                           |                                                     |                                            | 12/14                          |
|                                 |                                              |                         | e are filing together, both are e<br>e top of any additional pages,       |                                                     |                                            |                                |
| Part 1:                         | escribe Your Household                       |                         |                                                                           |                                                     |                                            |                                |
|                                 | So to line 2.  Does Debtor 2 live in a s     | eparate household?      | » J.                                                                      |                                                     |                                            |                                |
| 2. Do you h                     | ave dependents?                              | No No                   |                                                                           | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age                            | Does dependent live with you?  |
| Do not lis<br>Debtor 2          | t Debtor 1 and                               |                         | his information for ent                                                   | Debtor 1 of Debtor 2                                |                                            | No                             |
| Do not st                       | Do not state the dependents'                 |                         |                                                                           | Cousin                                              | 55<br>                                     | X Yes                          |
| names.                          | ate the dependents                           |                         |                                                                           |                                                     |                                            | X No                           |
|                                 |                                              |                         |                                                                           |                                                     |                                            | Yes                            |
|                                 |                                              |                         |                                                                           |                                                     |                                            | X No                           |
|                                 |                                              |                         |                                                                           |                                                     |                                            | Yes                            |
|                                 |                                              |                         |                                                                           |                                                     |                                            | x No                           |
|                                 |                                              |                         |                                                                           |                                                     |                                            | Yes                            |
|                                 |                                              |                         |                                                                           |                                                     |                                            | X No                           |
|                                 |                                              |                         |                                                                           |                                                     |                                            | Yes                            |
|                                 | expenses include<br>s of people other than   | X No                    |                                                                           |                                                     |                                            |                                |
|                                 | and your dependents?                         | Yes                     |                                                                           |                                                     |                                            |                                |
|                                 | stimate Your Ongoing Mo                      |                         |                                                                           |                                                     |                                            |                                |
| expenses as o                   | f a date after the bankru                    |                         | ess you are using this form as a<br>supplemental <i>Schedule J</i> , ched |                                                     | •                                          |                                |
| the applicable                  |                                              | sh government assistar  | nce if you know the value                                                 |                                                     |                                            |                                |
|                                 | -                                            | =                       | ncome (Official Form 106l.)                                               |                                                     | •                                          | Your expenses                  |
| 4. The rent                     | al or home ownership e                       | xpenses for your reside | nce. Include first mortgage pay                                           | ments and                                           |                                            |                                |
|                                 | for the ground or lot.                       |                         |                                                                           |                                                     | 4.                                         | \$900.00                       |
|                                 | cluded in line 4:                            |                         |                                                                           |                                                     | 40                                         | \$0.00                         |
|                                 | ai estate taxes<br>operty, homeowner's, or r | renter's insurance      |                                                                           |                                                     | 4a.<br>4b.                                 | \$0.00                         |
|                                 | me maintenance, repair,                      |                         |                                                                           |                                                     | 4c.                                        | \$0.00                         |
|                                 | meowner's association of                     |                         |                                                                           |                                                     | 4d.                                        | \$0.00                         |
|                                 |                                              |                         |                                                                           |                                                     |                                            |                                |

Tracey Debtor 1

First Name

Document Otis-Mosley

Last Name

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Case Number (if known) \_

Sheree

Middle Name

|     |                                                                                                       |     | Your expenses |
|-----|-------------------------------------------------------------------------------------------------------|-----|---------------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6.  | Utilities:                                                                                            |     |               |
|     | 6a. Electricity, heat, natural gas                                                                    | Sa. | \$0.00        |
|     | 6b. Water, sewer, garbage collection                                                                  | Sb. | \$0.00        |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | Эc. | \$240.00      |
|     | 6d. Other. Specify:                                                                                   | ßd. | \$ 0.00       |
| 7.  | Food and housekeeping supplies                                                                        | 7.  | \$550.00      |
| 8.  | Childcare and children's education costs                                                              | 8.  | \$0.00        |
| 9.  | Clothing, laundry, and dry cleaning                                                                   | 9.  | \$130.00      |
| 10. | Personal care products and services                                                                   | 10. | \$100.00      |
| 11. | Medical and dental expenses                                                                           | 11. | \$365.00      |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.     | 12. | \$410.00      |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13. | \$10.00       |
| 14. | Charitable contributions and religious donations                                                      | 14. | \$0.00        |
| 15. | Insurance.                                                                                            |     |               |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |     |               |
|     | 15a. Life insurance                                                                                   | āa. | \$0.00        |
|     | 15b. Health insurance                                                                                 | ōb. | \$0.00        |
|     | 15c. Vehicle insurance                                                                                | 5c. | \$143.00      |
|     | 15d. Other insurance. Specify:                                                                        | 5d. | \$0.00        |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |     |               |
|     | Specify:                                                                                              | 16. | \$0.00        |
| 17. | Installment or lease payments:                                                                        |     |               |
|     | 17a. Car payments for Vehicle 1                                                                       | 7a. | \$0.00        |
|     | 17b. Car payments for Vehicle 2                                                                       | 7b. | \$0.00        |
|     | 17c. Other. Specify: 17                                                                               | 7c. | \$0.00        |
|     | 17d. Other. Specify:                                                                                  | 7d. | \$0.00        |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |     |               |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18. | \$0.00        |
| 19. | Other payments you make to support others who do not live with you.                                   |     |               |
|     | Specify:                                                                                              | 19. | \$0.00        |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |     |               |
|     | 20a. Mortgages on other property                                                                      | )a. | \$ 0.00       |
|     | 253.7.62.5533.5 (2.15)                                                                                | Db. | \$ 0.00       |
|     | 20c. Property, homeowner's, or renter's insurance                                                     | Oc. | \$ 0.00       |
|     | 20d. Maintenance, repair, and upkeep expenses                                                         | Od. | \$ 0.00       |
|     | 20e. Homeowner's association or condominium dues                                                      | e.  | \$ 0.00       |
|     |                                                                                                       |     |               |

Schedule J: Your Expenses

Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Main Document Page 38 of 64

Sheree Tracey Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$10.00 Postage/Bank Fees (\$10.00), 21. 21. Other. Specify: \$2,858.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$3,159.98 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$2,858.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$301.98 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 705592 Schedule J: Your Expenses Page 3 of 3

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                        |                                                                                               |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT an                 | attorney to help you fill out bankruptcy forms?                                               |
| ■ No                                                              |                                                                                               |
| Yes. Name of Person                                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                   |                                                                                               |
|                                                                   |                                                                                               |
|                                                                   |                                                                                               |
| Under penalty of perjury, I declare that I have read the correct. | e summary and schedules filed with this declaration and that they are true and                |
| 55,155                                                            |                                                                                               |
| ✗ _/s/ Tracey Sheree Otis-Mosley                                  | <b>x</b>                                                                                      |
| Signature of Debtor 1                                             | Signature of Debtor 2                                                                         |
| Date_03/28/2016                                                   | Date                                                                                          |
| MM / DD / YYYY                                                    | MM / DD / YYYY                                                                                |
|                                                                   |                                                                                               |

| Fill in this information to identify your case:                                      |                   |                       |             |  |
|--------------------------------------------------------------------------------------|-------------------|-----------------------|-------------|--|
| Debtor 1                                                                             | Tracey First Name | Sheree<br>Middle Name | Otis-Mosley |  |
| Debtor 2                                                                             |                   | mode Name             | <u> </u>    |  |
| (Spouse, if filing)                                                                  | First Name        | Middle Name           | Last Name   |  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> |                   |                       |             |  |
| Case Number<br>(If known)                                                            | r                 |                       | (State)     |  |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question. |                                                                              |                               |                                                   |                               |
|-------------------------------------------|------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|-------------------------------|
|                                           | Give Details About Your Marital Status and Where Yo                          | I hard Bafana                 |                                                   |                               |
|                                           | What is your current marital status?                                         | u Lived Before                |                                                   |                               |
|                                           | -                                                                            |                               |                                                   |                               |
|                                           | Married                                                                      |                               |                                                   |                               |
|                                           | Not married                                                                  |                               |                                                   |                               |
| 02                                        | During the last 3 years, have you lived anywhere other tha                   | n where you live nov          | v?                                                |                               |
|                                           | No.                                                                          | ,                             |                                                   |                               |
|                                           | Yes. List all of the places you lived in the last 3 years. Do                | not include where ye          | ou live now.                                      |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           | Debtor 1                                                                     | Dates Debtor 1<br>lived there | Debtor 2:                                         | Dates Debtor 2<br>lived there |
| 03                                        | Within the last 8 years, did you ever live with a spouse or I                |                               | community property state or territory? (Community | iived there                   |
|                                           | property states and territories include Arizona, California, and Wisconsin.) |                               |                                                   |                               |
|                                           | No.                                                                          |                               |                                                   |                               |
|                                           | Yes. Make sure you fill out Schedule H: Your Codebtors (                     | Official Form 106H).          |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           | Explain the Sources of Your Income                                           |                               |                                                   |                               |
|                                           | Explain the doubles of Your modific                                          |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |
|                                           |                                                                              |                               |                                                   |                               |

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Sheree Otis-Mosley Case Number (if known)

Last Name

| Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                        |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                               | ] No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                        |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | Yes. Fill in the details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                        |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 1                                                                                                                                                                                                                          |                                                                                                                                                                               | Debtor 2                                                                               |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of income<br>Check all that apply                                                                                                                                                                                         | Gross income<br>(before deductions and<br>exclusions)                                                                                                                         | Sources of income<br>Check all that apply                                              | Gross income<br>(before deductions and<br>exclusions) |
|                                                                                                                                                                                                                                                                                                                                                               | From January 1 of current year until                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Wages, commissions,                                                                                                                                                                                                               | \$0                                                                                                                                                                           | Wages, commissions,                                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | bonuses, tips  Operating a business                                                                                                                                                                                               |                                                                                                                                                                               | bonuses, tips  Operating a business                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | For last calendar year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Wages, commissions,                                                                                                                                                                                                               | \$0                                                                                                                                                                           | Wages, commissions,                                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | (January 1 to December 31, 2015)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | bonuses, tips  Operating a business                                                                                                                                                                                               |                                                                                                                                                                               | bonuses, tips  Operating a business                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | For the calendar year before that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Wages, commissions,                                                                                                                                                                                                               | \$33,507                                                                                                                                                                      | Wages, commissions,                                                                    |                                                       |
|                                                                                                                                                                                                                                                                                                                                                               | (January 1 to December 31, 2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | bonuses, tips  Operating a business                                                                                                                                                                                               |                                                                                                                                                                               | bonuses, tips  Operating a business                                                    |                                                       |
| ar<br>wi                                                                                                                                                                                                                                                                                                                                                      | clude income regardless of whether that income dother public benefit payments; pensions; rennings. If you are filing a joint case and you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rental income; interest; divide<br>have income that you receive                                                                                                                                                                   | nds; money collected from law<br>ed together, list it only once und                                                                                                           | suits; royalties; and gambling der Debtor 1.                                           |                                                       |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | nd other public benefit payments; pensions; r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | rental income; interest; divide<br>have income that you receive                                                                                                                                                                   | nds; money collected from law<br>ed together, list it only once und                                                                                                           | suits; royalties; and gambling der Debtor 1.                                           |                                                       |
| ar<br>wi<br>Li:                                                                                                                                                                                                                                                                                                                                               | nd other public benefit payments; pensions; rennings. If you are filing a joint case and you st each source and the gross income from each source.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rental income; interest; divide<br>have income that you receive                                                                                                                                                                   | nds; money collected from law<br>ed together, list it only once und                                                                                                           | suits; royalties; and gambling der Debtor 1.                                           |                                                       |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | nd other public benefit payments; pensions; rennings. If you are filing a joint case and you st each source and the gross income from each source.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rental income; interest; divide have income that you receive ach source separately. Do no                                                                                                                                         | nds; money collected from law<br>ed together, list it only once und                                                                                                           | suits; royalties; and gambling<br>der Debtor 1.<br>d in line 4.                        |                                                       |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | nd other public benefit payments; pensions; rennings. If you are filing a joint case and you st each source and the gross income from each of the street of  | rental income; interest; divide have income that you receive ach source separately. Do not Debtor 1  Sources of income                                                                                                            | nds; money collected from law and together, list it only once und tinclude income that you listed Gross income (before deductions and                                         | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | nd other public benefit payments; pensions; rennings. If you are filing a joint case and you st each source and the gross income from each source.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rental income; interest; divide have income that you receive ach source separately. Do not be better 1  Sources of income Describe below.                                                                                         | nds; money collected from law and together, list it only once und tinclude income that you listed Gross income (before deductions and exclusions)                             | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | nd other public benefit payments; pensions; rennings. If you are filing a joint case and you st each source and the gross income from each of the street of the gross income from each of  | rental income; interest; divide have income that you receive ach source separately. Do not be better 1  Sources of income Describe below.                                                                                         | nds; money collected from law and together, list it only once und tinclude income that you listed Gross income (before deductions and exclusions)                             | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | and other public benefit payments; pensions; in nnings. If you are filing a joint case and you set each source and the gross income from each of the process. It is not the details  From January 1 of current year until the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rental income; interest; divide have income that you receive ach source separately. Do not be ach source separately. Do not be ach sources of income Describe below.  Short Term Disability                                       | nds; money collected from law and together, list it only once und tinclude income that you listed gross income (before deductions and exclusions)  \$9,530                    | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li:                                                                                                                                                                                                                                                                                                                                               | nd other public benefit payments; pensions; in nnings. If you are filing a joint case and you st each source and the gross income from each of the prosecution of the gross income from each of the prosecution of the gross income from each of the g | rental income; interest; divide have income that you receive ach source separately. Do not be ach source separately. Do not be ach sources of income Describe below.  Short Term Disability                                       | nds; money collected from law and together, list it only once und tinclude income that you listed gross income (before deductions and exclusions)  \$9,530                    | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | and other public benefit payments; pensions; in nnings. If you are filing a joint case and you set each source and the gross income from each of the proof of the | rental income; interest; divide have income that you receive ach source separately. Do not be ach source separately. Do not be ach sources of income Describe below.  Short Term Disability  Short Term Disability                | nds; money collected from law and together, list it only once und tinclude income that you listed.  Gross income (before deductions and exclusions)  \$9,530                  | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | and other public benefit payments; pensions; in nnings. If you are filing a joint case and you set each source and the gross income from each of the proof of the | rental income; interest; divide have income that you receive ach source separately. Do not be ach source separately. Do not be ach sources of income Describe below.  Short Term Disability  Short Term Disability  1. Short Term | d together, list it only once und together, list it only once und tinclude income that you listed tinclude income that you listed (before deductions and exclusions)  \$9,530 | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross income (before deductions and    |
| ar<br>wi<br>Li                                                                                                                                                                                                                                                                                                                                                | and other public benefit payments; pensions; in nnings. If you are filing a joint case and you set each source and the gross income from each of the proof of the | rental income; interest; divide have income that you receive ach source separately. Do not be ach source separately. Do not be ach sources of income Describe below.  Short Term Disability  Short Term Disability  1. Short Term | d together, list it only once und together, list it only once und tinclude income that you listed tinclude income that you listed (before deductions and exclusions)  \$9,530 | suits; royalties; and gambling der Debtor 1. d in line 4.  Debtor 2  Sources of income | g and lottery  Gross incom (before dedu               |

Tracey

First Name

Middle Name

Document

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| Debte | or 1                | Tracey                                                                                             | Sheree                                                                                                                                    | Otis-Mosley                                       | _                                              | Case Number (if known) _                             |           |                      |
|-------|---------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------------------|-----------|----------------------|
|       |                     | First Name                                                                                         | Middle Name                                                                                                                               | Last Name                                         |                                                |                                                      |           |                      |
| P     | art 3:              | List Certain Pay                                                                                   | rments You Made Before You F                                                                                                              | iled for Bankruptcy                               |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
| 06    | Are                 | either Debtor 1's or                                                                               | Debtor 2's debts primarily o                                                                                                              | onsumer debts?                                    |                                                |                                                      |           |                      |
|       | П                   | No. Neither Debtor                                                                                 | 1 nor Debtor 2 has primarily                                                                                                              | consumer debts. Con                               | sumer debts are define                         | ed in 11 U.S.C. § 101(8) a                           | ıs        |                      |
|       | _                   |                                                                                                    | individual primarily for a person                                                                                                         |                                                   |                                                | • ( )                                                |           |                      |
|       |                     | During the 90 d                                                                                    | ays before you filed for bankr                                                                                                            | uptcy, did you pay any                            | creditor a total of \$6,22                     | 25* or more?                                         |           |                      |
|       |                     | ☐ No. Go to li                                                                                     | ine 7                                                                                                                                     |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     | <del>-</del>                                                                                       | elow each creditor to whom yo                                                                                                             | •                                                 |                                                | • •                                                  |           |                      |
|       |                     |                                                                                                    | nt you paid that creditor. Do no                                                                                                          | • •                                               | • •                                            | -                                                    |           |                      |
|       |                     |                                                                                                    | ort and alimony. Also, do not in<br>nent on 4/01/16 and every 3 ye                                                                        | · ·                                               | -                                              | •                                                    |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    | ebtor 2 or both have primari                                                                                                              | -                                                 |                                                |                                                      |           |                      |
|       |                     | During the 90                                                                                      | days before you filed for bank                                                                                                            | ruptcy, did you pay any                           | y creditor a total of \$60                     | 0 or more?                                           |           |                      |
|       |                     | No. Go to li                                                                                       | ine 7.                                                                                                                                    |                                                   |                                                |                                                      |           |                      |
|       |                     | □ Voc. List be                                                                                     | elow each creditor to whom yo                                                                                                             | ou paid a total of \$600.                         | or more and the total a                        | mount you naid that                                  |           |                      |
|       |                     | _                                                                                                  | o not include payments for do                                                                                                             | -                                                 |                                                |                                                      |           |                      |
|       |                     |                                                                                                    | so, do not include payments t                                                                                                             |                                                   | • •                                            |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           | Dates of                                          | Total amount paid                              | Amount you still                                     | owe       | Was this payment for |
|       |                     |                                                                                                    |                                                                                                                                           | payments                                          |                                                |                                                      |           |                      |
| 07    | corp<br>age<br>such | ders include your rela<br>porations of which yo<br>nt, including one for<br>an as child support an | I filed for bankruptcy, did you atives; any general partners; rou are an officer, director, pers a business you operate as a sid alimony. | relatives of any general son in control, or owner | partners; partnerships of 20% or more of their | of which you are a gener r voting securities; and ar | ny managi | ing                  |
|       | _                   | No.<br>Yes. List all payment                                                                       | to to an incider                                                                                                                          |                                                   |                                                |                                                      |           |                      |
|       | Ц                   | res. List all payment                                                                              | is to all ilisider.                                                                                                                       | Dates of                                          | Total amount                                   | Amount you still                                     | Reasor    | n for this payment   |
|       |                     |                                                                                                    |                                                                                                                                           | payment                                           | paid                                           | owe                                                  |           | . ,                  |
| 08    | an ii<br>Inclu      | nsider?<br>ude payments on del<br>No.                                                              | to to an incider                                                                                                                          |                                                   | transfer any property o                        | on account of a debt that I                          | penefited |                      |
|       | Ц                   | Yes. List all payment                                                                              | is to an insider.                                                                                                                         | Dates of                                          | Total amount                                   | Amount you still                                     | Reason    | n for this payment   |
|       |                     |                                                                                                    |                                                                                                                                           | payment                                           | paid                                           | owe                                                  |           | creditor's name      |
| F     | art 4:              | Identify Legal a                                                                                   | ctions, Repossessions, and Fo                                                                                                             | reclosures                                        |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |
|       |                     |                                                                                                    |                                                                                                                                           |                                                   |                                                |                                                      |           |                      |

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Tracey Sheree Otis-Mosley Case Number (if known) \_ First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Contract Cook County Circuit Court Americredit Fin vs. Tracy S. Otis-Mosley On appeal Case No. 2014-M1-500884 ☐ Concluded Pending Cook County Circuit Court Chicago Patrolmen's Federal Credit Contract On appeal Union VS Tracey Otis-Mosley Concluded Case No. 15M1112774 Pending Tracey Otis-Mosley vs. Faustino Torres Contract Cook County Circuit Court On appeal Case No. 2015-L-6558 ☐ Concluded Pending Tracey Otis-Mosely vs. Tri-State Nursing Tort Cook County Circuit Court On appeal Rehab ☐ Concluded Case No. 14-L-7455 Tort Cook County Circuit Court Pending Tracey Otis-Mosley vs. Daniel Sylva Est On appeal & Donnell Sylva Concluded Case No. 14-L-7928 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Yes. Fill in the information below. 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No. ☐ Yes. **List Certain Gifts and Contributions** 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No. Yes. Fill in the details for each gift. 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift.

Page 44 of 64 Document Tracey Sheree Otis-Mosley Case Number (if known) \_ First Name Middle Name Last Name List Certain Losses Part 6: 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No. Yes. Fill in the details for each gift. **List Certain Payments or Transfers** Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No. Yes. Fill in the details **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Payment/Value: Geraci Law L.L.C. \$4,000.00: \$400.00 55 E. Monroe Street #3400 paid prior to filing, Chicago,IL 60603 balance to be paid through the plan. **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2016 \$25.00 115 N. Cross St. Robinson, IL 62454 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No. Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8:

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Tracey Sheree Otis-Mosley Case Number (if known) Debtor 1 First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Nο Yes. Fill in the details. Who else had access to it? Do you still Describe the contents have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? Identify Property You Hold or Control for Someone Else 23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Value Describe the property **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Fill in the details. Court or agency Nature of the case Status of the case

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Tracey Sheree Otis-Mosley Case Number (if known)

Last Name

| P  | art 11:              | Give Details About Your Business or Connections to Any Business                                                                                          | ness                                                                                                                    |  |  |
|----|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| 27 | Within               | 4 years before you filed for bankruptcy, did you own a busi                                                                                              | ness or have any of the following connections to any business?                                                          |  |  |
|    |                      | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                              |                                                                                                                         |  |  |
|    |                      | A member of a limited liability company (LLC) or limited liab                                                                                            | bility partnership (LLP)                                                                                                |  |  |
|    |                      | A partner in a partnership                                                                                                                               |                                                                                                                         |  |  |
|    |                      | An officer, director, or managing executive of a corporation                                                                                             | r                                                                                                                       |  |  |
|    |                      | An owner of at least 5% of the voting or equity securities of                                                                                            | a corporation                                                                                                           |  |  |
|    | No.                  | None of the above applies. Go to Part 12.                                                                                                                |                                                                                                                         |  |  |
|    | Yes                  | . Check all that apply above and fill in the details below for ea                                                                                        | ch business.                                                                                                            |  |  |
| 28 |                      | 2 years before you filed for bankruptcy, did you give a finar<br>ons, creditors, or other parties.                                                       | ncial statement to anyone about your business? Include all financial                                                    |  |  |
|    | Yes                  | . Fill in the details.                                                                                                                                   |                                                                                                                         |  |  |
|    | _                    | Date issued                                                                                                                                              |                                                                                                                         |  |  |
| Pa | rt 12:               | Sign Below                                                                                                                                               |                                                                                                                         |  |  |
|    | in conne             | are true and correct. I understand that making a false state ction with a bankruptcy case can result in fines up to \$250, §§ 152, 1341, 1519, and 3571. | ment, concealing property, or obtaining money or property by fraud<br>000, or imprisonment for up to 20 years, or both. |  |  |
|    | 🗶 /s/                | Tracey Sheree Otis-Mosley                                                                                                                                | •                                                                                                                       |  |  |
|    |                      | nature of Debtor 1                                                                                                                                       | Signature of Debtor 2                                                                                                   |  |  |
|    |                      |                                                                                                                                                          |                                                                                                                         |  |  |
|    | Dat                  | e <u>03/28/2016</u><br>MM / DD / YYYY                                                                                                                    | Date                                                                                                                    |  |  |
|    |                      | MM / DD / YYYY                                                                                                                                           | MINI / OU / YYYY                                                                                                        |  |  |
|    | Did you a ■ No □ Yes | attach additional pages to Your Statement of Financial Affa                                                                                              | irs for Individuals Filing for Bankruptcy (Official Form 107)?                                                          |  |  |
|    | Did you p            | pay or agree to pay someone who is not an attorney to help                                                                                               | you fill out bankruptcy forms?                                                                                          |  |  |
|    | No                   |                                                                                                                                                          |                                                                                                                         |  |  |
|    | Yes.                 | Name of person                                                                                                                                           | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).                      |  |  |
|    |                      |                                                                                                                                                          |                                                                                                                         |  |  |
|    |                      |                                                                                                                                                          |                                                                                                                         |  |  |

First Name

Middle Name

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re                         |                                                                                                                                             |                                    |                |                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------|-----------------------------|
| Tracey Sheree C               | Otis-Mosley / Debtor                                                                                                                        |                                    | Case No:       |                             |
|                               |                                                                                                                                             |                                    | Chapter:       | Chapter 13                  |
|                               | DISCLOSURE OF CO                                                                                                                            | MPENSATION OF ATTORNI              | EY FOR DEI     | BTOR                        |
| compensation pa               | 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(aid to me within one year before the filing of the rendered on behalf of the debtor(s) in conter | the petition in bankruptcy, or agi | eed to be paid | d to me, for services       |
| For legal se                  | ervices, I have agreed to accept                                                                                                            | \$4,000.00                         |                |                             |
| Prior to the                  | e filing of this statement I have received                                                                                                  | \$400.00                           |                |                             |
| Balance Du                    | ue                                                                                                                                          | \$3,600.00                         |                |                             |
| 2. The source                 | of the compensation paid to me was:                                                                                                         |                                    |                |                             |
| Debto                         | or(s) Other: (specify                                                                                                                       |                                    |                |                             |
| 3. The source                 | of compensation to be paid to me is:                                                                                                        |                                    |                |                             |
| Deb                           | otor(s) Other: (specify                                                                                                                     |                                    |                |                             |
| 4. I have of my law firm.     | not agreed to share the above-disclosed comp                                                                                                | pensation with any other person    | unless they ar | e members and associates    |
| I have                        | agreed to share the above-disclosed compens                                                                                                 | sation with a other person or pers | ons who are    | not members or associates   |
| 5. In return for case, includ | r the above-disclosed fee, I have agreed to rerding:                                                                                        | nder legal service for all aspects | of the bankru  | ptcy                        |
| a. Analys                     | sis of the debtor's financial situation, and rend                                                                                           | dering advice to the debtor in de  | termining wh   | ether to file a petition in |
| b. Prepar                     | ration and filing of any petition, schedules, sta                                                                                           | atements of affairs and plan whic  | h may be req   | uired;                      |
| c. Repres                     | sentation of the debtor at the meeting of credit                                                                                            | tors and confirmation hearing, an  | nd any adjour  | ned hearings thereof;       |
| <b>6.</b> By agreeme          | ent with the debtor(s), the above-disclosed fee                                                                                             | e does not include the following : | service:       |                             |
| Г                             |                                                                                                                                             | CERTIFICATION                      |                |                             |
|                               | I certify that the foregoing is a complete payment to                                                                                       |                                    | rrangement fo  | or                          |
|                               | me for representation of the debtor(s) in this                                                                                              | bankruptcy proceedings.            |                |                             |
|                               | Date: 03/30/2016                                                                                                                            | /s/ Merid Teklehaimanot Mek        | onnen          |                             |
|                               | Date                                                                                                                                        | Signature of Attorney              |                |                             |

Page 1 of 1 705592 Record #

Geraci Law L.L.C. Name of law firm

## Case 16-10895 Doc 1 Filed **Ge/30/16 awEntere**d 03/30/16 14:05:04 Desc Main National Readquarters: 55 E. Monroe Street #3400 Chicago JJE 0663 of 1896-925-1313 help@geracilaw.com



Date: 3/14/2016

Consultation Attorney: MMA

Record #: 705-592

**Attorney - Client Agreement** 

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures. I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

FEES: This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or appeals. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility.

Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee.

| My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other:                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other                                                                                                                                                                                                                                       |
| Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly                                                                                                                                                                                                                                             |
| Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge.  Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters.                                                                                                                                                                                                            |
| If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan. |

! cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my case may be closed without a discharge, and I will be required to pay a fee to have it reopened.

Tracey Other Mosley (Debtor

ofor(s)

Representing Geraci Law L.L.C.

(Joint Debtor)

Dated:

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### NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Mair 3. Personally review with the debto Dand significant the conglet 50 pot filen, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



- Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Mair 2. Inform the debtor that the debtor **Doct begut** nctural agrel, 5th the 6case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.



# Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Mair C. TERMINATION OR CONVERSION OF PAGE 53SE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- Case 16-10895 Doc 1 Filed 03/30/16 Entered 03/30/16 14:05:04 Desc Main (d) Any portion of the retainer that is understructed for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00

| 3. Before signing this agreement, the attorney   | \$, has received | 400       | *** |               |
|--------------------------------------------------|------------------|-----------|-----|---------------|
| toward the flat fee, leaving a balance due of \$ | 3,600            | _; and \$ | 310 | _for expenses |
| leaving a balance due for the filing fee of \$   | 0                |           |     |               |



4. In extraordinary circumstances, such as tended and the services and the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Our

for the Debtor(s)

Date: 14 MAR 2016

Signed:

Debtor(s)

Co-Debtor(s)

Do not sign this agreement if the amounts are blank.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Tracey Sheree Otis-Mosley / Debtor Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 03/28/2016 /s/ Tracey Sheree Otis-Mosley

**Tracey Sheree Otis-Mosley** 

X Date & Sign

Record # 705592 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

In re Tracey

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

#### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

Document In re Tracey

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deny your found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 03/28/2016 | /s/ Tracey Sheree Otis-Mosley |
|-------------------|-------------------------------|
|                   | Tracey Sheree Otis-Mosley     |

/s/ Merid Teklehaimanot Mekonnen Dated: 03/30/2016

Attorney: Merid Teklehaimanot Mekonnen

Form B 201A. Notice to Consumer Debtor(s) Record # 705592 Page 2 of 2

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| Debtor 1                                              | Tracey First Name                                                                                                       | Sheree<br>Middle Name                                                                                                                             | Otis-Mosley  Last Name                                                                                                                                                                                                                                                                                                | Case Number (if known)                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |  |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Part 6: Answer These Questions for Reporting Purposes |                                                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |  |
| 16. <b>\</b>                                          | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses | 16a. Are your das "incurred No. Go Yes. Go 16b. Are your danney for a No. Go Yes. Go 16c. State the type No. I am for admin                       | ebts primarily consumer deby an individual primarily for a properties of the line 16b.  ebts primarily business delibusiness or investment or throughto line 16c.  to line 17.  be of debts you owe that are not of filing under Chapter 7. Go to ling under Chapter 7. Do you existrative expenses are paid that on. | bts? Consumer debts are defined in personal, family, or household purpose bts? Business debts are debts that yigh the operation of the business or in consumer debts or business debts.  line 18.  stimate that after any exempt property funds will be available to distribute to                                                                                                                               | e."  ou incurred to obtain  vestment.  v is excluded and                                                                          |  |
| 1                                                     | are paid that funds will be<br>available for distribution<br>to unsecured creditors?                                    | ☐Yes.                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |  |
|                                                       | How many creditors do you estimate that you owe?                                                                        | ■ 1-49                                                                                                                                            | 5,00                                                                                                                                                                                                                                                                                                                  | 00-5,000<br>01-10,000<br>001-25,000                                                                                                                                                                                                                                                                                                                                                                              | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                                                                        |  |
|                                                       | How much do you<br>estimate your assets to<br>be worth?                                                                 | \$0-\$50,000<br>\$50,001-\$1<br>\$100,001-\$<br>\$500,001-\$                                                                                      | 00,000                                                                                                                                                                                                                                                                                                                | 000,001-\$10 million<br>0,000,001-\$50 million<br>0,000,001-\$100 million<br>00,000,001-\$500 million                                                                                                                                                                                                                                                                                                            | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion                   |  |
| ***************************************               | How much do you<br>estimate your liabilities<br>to be?                                                                  | □ \$0-\$50,000<br>□ \$50,001-\$1<br>■ \$100,001-\$<br>□ \$500,001-\$                                                                              | 00,000                                                                                                                                                                                                                                                                                                                | 000,001-\$10 million<br>0,000,001-\$50 million<br>0,000,001-\$100 million<br>00,000,001-\$500 million                                                                                                                                                                                                                                                                                                            | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □ More than \$50 billion                  |  |
| Part                                                  | 75 Sign Below                                                                                                           |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |  |
|                                                       | <b>rou</b>                                                                                                              | f I have chosen to fittle 11, United under Chapter 7.  If no attorney repthis document, I I request relief in I understand mal with a bankrupter. | o file under Chapter 7, I am awa<br>States Code. I understand the a<br>resents me and I did not pay or<br>nave obtained and read the notic<br>accordance with the chapter of<br>king a false statement, concealing                                                                                                    | r penalty of perjury that the information are that I may proceed, if eligible, under the eligible and the relief available under each chapter, as agree to pay someone who is not an one required by 11 U.S.C. § 342(b). Ititle 11, United States Code, specified and property, or obtaining money or proceeding property, or obtaining money or proceeding property, or obtaining money or proceeding property. | er Chapter 7, 11,12, or 13 nd I choose to proceed attorney to help me fill out d in this petition. experty by fraud in connection |  |
|                                                       |                                                                                                                         | Signature of                                                                                                                                      | $\frac{1}{2000}$                                                                                                                                                                                                                                                                                                      | Signature of                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |  |

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| Official Form 1  Declaration A          | bout an Individual                       | Debtor's Schedules            | amended filing          | 12/1 |
|-----------------------------------------|------------------------------------------|-------------------------------|-------------------------|------|
| Official Form 1                         |                                          |                               |                         |      |
| ·                                       |                                          |                               |                         |      |
| (ii iiii)                               |                                          |                               |                         |      |
| (If known)                              |                                          |                               | I I Check if inis is an |      |
| United States Bankruptcy Case Number    | Court for the : <u>NORTHERN</u> District | of <u>ILLINOIS</u><br>(State) | ☐ Check if this is an   |      |
| Debtor 2 (Spouse, if filing) First Name | Middle Name                              | Last Name                     |                         |      |
| First Name                              | Middle Name                              | Last Name                     |                         |      |
| Debtor 1 Tracey                         | Sheree                                   | Otis-Mosley                   |                         |      |

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| Debtor 1              | Tracey                                                                                          | Sheree                                                                   | Otis-Mosley                                                                           | Case Number (if known)                                                                         |       |
|-----------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------|
|                       | First Name                                                                                      | Middle Name                                                              | Last Name                                                                             |                                                                                                | 4     |
| ins                   | hin 2 years before you<br>titutions, creditors, o<br>No.<br>Yes. Fill in the detail             | or other parties.                                                        | you give a financial statement to                                                     | anyone about your business? Include all financial                                              |       |
| لسا                   | . •                                                                                             | Date is                                                                  | sued                                                                                  |                                                                                                |       |
| Part 12               | Sign Below                                                                                      |                                                                          |                                                                                       |                                                                                                |       |
| ansv<br>in cc<br>18 U | vers are true and connection with a ban.s.C. §§ 152, 1341, 1:  Signature of pebtor  Date 3 / 28 | rrect. I understand that male kruptcy case can result in 1519, and 3571. | ing a false statement, concealing ines up to \$250,000, or imprison in Signature of D | DD / YYYY                                                                                      |       |
| Did                   | you attach additiona                                                                            | Il pages to Your Statement                                               | of Financial Affairs for Individual                                                   | s Filing for Bankruptcy (Official Form 107)?                                                   |       |
| _                     | No<br>Yes                                                                                       |                                                                          |                                                                                       |                                                                                                |       |
| Did                   | you pay or agree to                                                                             | pay someone who is not ar                                                | attorney to help you fill out bank                                                    | ruptcy forms?                                                                                  |       |
|                       | No<br>Yes. Name of perso                                                                        | on                                                                       |                                                                                       | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form | 119). |

### DISCLAIMER Debtors have read and agree:

1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.

2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.

- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be TIONIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1) The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.

  6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIÉS, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 1.4) RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, rederal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION SACCURATE!!!!

Dated: 3 / 29 /2016

**Tracey Sheree Otis-Mosley** 

X Date & Sign

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Tracey Sheree Otis-Mosley / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 3 / 28 /2016

Tracey Sheree Otis-Mosley

X Date & Sign

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| 6. Calc         | ulate the median family income that applies to you. Follow thes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | se steps:                                |                                                                              |                      |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------|----------------------|
| 16a.            | Fill in the state in which you live.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IL                                       |                                                                              |                      |
| 16b.            | Fill in the number of people in your household.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                        |                                                                              |                      |
| 16c.            | Fill in the median family income for your state and size of househ To find a list of applicable median income amounts, go online usi instructions for this form. This list may also be available at the ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing the link specific                    | ed in the separate                                                           | \$49,682.00          |
| 7. How          | do the lines compare?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                              |                      |
| 17a.            | xine 15b is less than or equal to line 16c. On the top of page § 1325(b)(3). <b>Go to Part 3.</b> Do NOT fill out Calculation of Disp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 of this form, che<br>cosable Income (C | ck box 1, Disposable income is not determined under 11 official Form 22C-2). | U.S.C                |
| 17b.            | Line 15b is more than line 16c. On the top of page 1 of this for § 1325(b)(3). Go to Part 3 and fill out Calculation of Dispose your current monthly income from line 14 above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | •                                                                            |                      |
| Part 3          | Calculate Your Commitment Period Under 11 U.S.C. §1325(b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o)(4)                                    |                                                                              |                      |
| 8. <b>Cop</b> y | your total average monthly income from line 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                              | \$3,037.17           |
| tha             | uct the marital adjustment if it applies. If you are married, your sat calculating the commitment period under 11 U.S.C. § 1325(b)(4 come, copy the amount from line 13d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                              |                      |
| lf t            | he marital adjustment does not apply, fill in 0 on line 19a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                                              | \$0.00               |
| Sı              | btract line 19a from line 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                              | \$3,037.17           |
|                 | ulate your current monthly income for the year. Follow these st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                        |                                                                              |                      |
| 20              | a. Copy line 19b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                              | \$3,037.17           |
|                 | Multiply by 12 (the number of months in a year).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                              | x 12                 |
| 20              | b. The result is your current monthly income for the year for this p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | part of the form.                        |                                                                              | <b>/</b> \$36,446.04 |
| 20              | c. Copy the median family income for your state and size of house                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | shold from line 16d                      |                                                                              | \$49,682.00          |
| 1. <b>How</b>   | do the lines compare?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                              |                      |
| _               | ne 20b is less than line 20c. Unless otherwise ordered by the courvears. Go to Part 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t, on the top of pa                      | ge 1 of this form, check box 3, The commitment period in                     | s                    |
| _               | ne 20b is more than or equal to line 20c. Unless otherwise ordered<br>eck box 4, <i>The commitment period is 5 years</i> . Go to Part 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d by the court, on                       | he top of page 1 of this form,                                               |                      |
| Part 4          | Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •••••••••••••••••••••••••••••••••••••    |                                                                              |                      |
|                 | By signing here, I declare under penalty of perjury that the information of the significant of the significa | mation on this sta                       | tement and in any attachments is true and correct.                           |                      |
|                 | Date: 3 /28 /2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                              |                      |
|                 | If you checked line 17a, do NOT fill out or file Form 122C-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                              |                      |
|                 | If you checked 17b, fill out Form 122C-2 and file it with this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n. On line 39 of the                     | at form, copy your current monthly income from line 14 at                    | oove.                |

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Form B 201A, Notice to Consumer Debtor(s)

In re Tracey Sheree Otis-Mosley / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 3 / 28/12016

Tracey Sheree Otis-Mosley

X Date & Sign

Dated: 3 /28 /2016

merit mekonnen